PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 12 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000003715

1. Corporation Name

In Jesus Name.

The Blood Remission ministry

REINSTATEMENT 02-04

900032278669
04/09/04--01056--029 **183.75

2. Principal Office Address	**3.** Mailing Office Address
6033 Bobbing Dr	9820 Cypress Park Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FLA	City & State: Orland FLA
Zip: 32808 Country:	Zip: 32824 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: June 9-2000

5. FEI Number: 593653453 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sherman Morse

Street Address (P.O. Box Number is Not Acceptable): 9820 Cypress Park Dr

Suite, Apt. #, Etc.:

City: Olando | State: FL | Zip Code: 32824

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sherman Morse Date: 3-10-2004

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Bishop Robert Brown	6033, Bolling Dr	Olando, Florida 32808
P	Bishop sherman morse	9820, Cypress park dr	olando Florida 32824
Sec	DOROthy whitock	324 second st	olando Florida 32824

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

407-859-7464

SIGNATURE: Sherman Morse 3-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N10000003715 - EPN59365354 53

The Blood remission Ministry In Jesus Name

Division Of Corporation

3-10-20004

Bishop Sherman Moree 7820 Cypress park Dr. ORL. Fl

The Blood remission Ministry In Jesus Name

I Bishop Sherman Moree did not receive the Annual report form for the year of 20004, an I ask you to please waive the 20004 filing fee. In the year of 2000 I was hit by a tractor trailer truck an been parlized ever since theme until now a we haven't been operation please for give me an I then recieve the annual report form be cause I was not able to go to the post office.

3-10-20004 P Bishop Sherman Moree

V Bishop Robert Brown

Church address 6033 Bolling Dr. ORL, FL.

6033 Bolling Dr.

[illegible]

The Blood Redemption in Ministry Inc Texas
Name
Board of Trustees
6033 Balling Dr, Orlando FL

appointed By Bishop Sherman Morse
on this Date 3-10-2000y.

Bishop Robert Brow
6033 Balling Dr
Orlando FL / 32808
BRD Terry Morse
P O B 615 Manford C, A
BRD michael Johnson
1060 Bloom Field DR Orlando FL

These are the name of the person to run the church on take over after Bishop S. Morse death, an never To Leave the Morse family Name, of Johnson name

on these names to Be on all church papers, 3-10-2000y,
Bishop Sherman Morse
9820 Cypress park Dr
Orlando FL