

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000004936</b> 1. Entity Name <b>ZION MESSIANIC ACADEMY INC.</b>						FILED 07 MAR 16 PM 12:44 TALLAHASSEE, FLORIDA  <b>REINSTATEMENT 06-07</b> 03/16/07 TALLAHASSEE, FLORIDA CR2E0001007	
Principal Place of Business 3926 HUNTER TERR. JACKSONVILLE, FL 32207-5715				Mailing Address 3926 HUNTER TERR. JACKSONVILLE, FL 32207-5715			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3664605</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HALL, BRENDA</b> <b>3926 HUNTER TERR.</b> <b>JACKSONVILLE, FL 32207-5715</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Brenda Hall</u> <span style="float: right;">3-15-07</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, BRENDA 3926 HUNTER TERRACE JACKSONVILLE, FL 32207			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, SHARON 7831 BLANK DR. N JACKSONVILLE, FL 32244			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, DANA V 3926 HUNTER TERRACE JACKSONVILLE, FL 32207			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Brenda Hall</u> <b>Brenda Hall</b>				Date <u>3-15-07</u>		Daytime Phone # <u>904-483-1684</u>	