PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 12 AM 9:45

DOCUMENT # N00000008274

1. Corporation Name: Heaven On Earth Ministries Of Jesus Christ, Inc.

2. Principal Office Address	3. Mailing Office Address
915 NW 1st Avenue	
Suite, Apt. #, etc.: Bay 3A	Suite, Apt. #, etc.
City & State: Miami, FLA	City & State
Zip: 33196 Country: USA	Zip Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida: Nov, 2000

5. FEI Number: 11-3642868 — 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: Marcia Robinson

Street Address (P.O. Box Number is Not Acceptable): 9115 SW 147 Ct.

900018690329
05/12/03--01011--015 **358.75

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33196

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: Marcia D Robinson — REGISTERED AGENT MUST SIGN

Date: 5/5/03

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
P	Eddie Robinson	9115 SW 147 Ct	Miami FL 33196
VP	Marcia Robinson	9115 SW 147 Ct	Miami FL 33196
S/T	Eddy Dandy	20880 NW 18th Str	Pembroke Pines FL 33029

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.

SIGNATURE: Marcia D Robinson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/5/03

Daytime Phone #: 305-383-1121