PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 12 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000083

1. Corporation Name
RJF MINISTRIES, INC.

03-05

2. Principal Office Address	3. Mailing Office Address
18568 KINGBIRD DR.	18568 KINGBIRD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FL	City & State: LUTZ, FL
Zip: 33549 Country: US	Zip: 33549 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1/3/2001

5. FEI Number: 65-1152127 ☐ 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: ROBERT FRUSTER

Street Address (P.O. Box Number is Not Acceptable): 18568 KINGBIRD DRIVE

Suite, Apt. #, Etc.:

City: LUTZ State: FL Zip Code: 33549

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: Robert Fruster Date: 8/8/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
D	FRUSTER, ROBERT J.	18568 KINGBIRD DR.	LUTZ, FL 33549
D	FRUSTER, BRENDA	18568 KINGBIRD DR.	LUTZ, FL 33549
D	GRAHAM, ROBERT	7121 N. HABANA AVE.	TAMPA, FL 33614
		200059535572 09/12/05--01054--011 **358.75	

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: Robert Fruster 8/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #