## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000000809

FILED Mar 31, 2008 Secretary of State

Entity Nar	me: ANGEL (	OF LOVE N	MINISTRIES, INC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
7636 GRAI MIRAMAR	NDVIEW BLV , FL 33023	D.					
Current Mailing Address:				New Maili	New Mailing Address:		
	NDVIEW BLV , FL 33023	D.					
FEI Number:	: 65-1076547	FEI Num	ber Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	Address of (	Current Re	egistered Agent:	Name and	Address of I	New Registered Agent:	
	IVORY 5TH TERR. ERDALE, FL (	33311 L	JS				
	named entity e of Florida.	submits th	is statement for the p	urpose of changing it	ts registered o	office or registered agent, or both,	
SIGNATUF	RE: IVORY W	/ILSON					
	Electro	nic Signatu	re of Registered Age	nt		Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	ED ( SOREY, FRAN 7636 GRANDV MIRAMAR, FL	IEW BLVD		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( DOBSON, JER 1420 N.W. 176 MIAMI, FL 331	TERRACE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( DALVANY, MA 1155 NW 51 S MIAMI, FL 331	Т		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( AUSTIN, TANZ, 7601 NW 14TH MIAMI, FL 331	I COURT		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	S ( SUMINTRA, CA 6671 MIRAMAI MIRAMAR, FL	R PKWY	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCINA B SOREY ED 03/31/2008