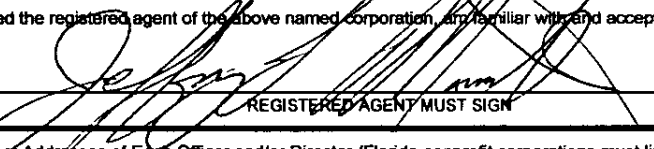
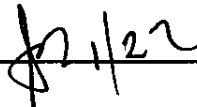
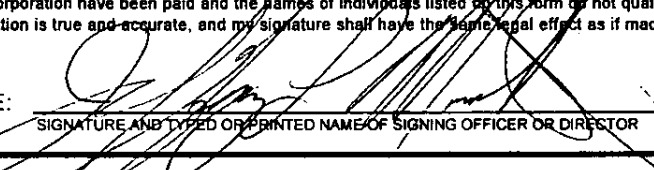


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 07 JAN 19 PM 2:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT# N01000006562 1. Corporation Name ZOE MINISTRIES INTERNATIONAL					
2. Principal Office Address 84 DEVON LANE Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 1892 Suite, Apt. #, etc.		12/18/06 01052 005 \$131.25 REINSTATEMENT 05-07	
City & State MARSTONS MILLS / MA		City & State HYANNIS / MA			
Zip 02648	Country USA	Zip 02601	Country USA		
				4. Date Incorporated or Qualified To Do Business in Florida 09/21/2001	
				5. FEI Number 300062833	
				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 JEFF MAROTTA					
Street Address (P.O. Box Number is Not Acceptable) 4981 NW 54TH STREET					
Suite, Apt. #, Etc.					
City COCONUT CREEK					
State FL					
Zip Code 33073					
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:  Date: 1/16/07					
REGISTERED AGENT MUST SIGN					
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/D	JEFF MAROTTA	P.O. BOX 1892		HYANNIS / MA / 02601	
VP/D	CIRENE MAROTTA	P.O. BOX 1892		HYANNIS / MA / 02601	
S/D	JOAO PAULO WALDECK	P.O. BOX 1892		HYANNIS / MA / 02601	
T/D	THOMAS CULLEN	P.O. BOX 1892		HYANNIS / MA / 02601	
					
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 19.07(3)(1), 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:  Date: 1/16/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					