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
10 FEB 25 PM 3:26

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CR2E081 (11/09)

1. Corporation Name
Save my children Ministries, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
505 Patty Lynn Drive	
Suite, Apt #, etc	Suite, Apt #, etc.
Tallahassee, Fla	City & State
Zip: 32305 Country: Leon	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1/3/02

5. FEI Number: 01-0568340 ☐ 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: Bertha W. Ward
Street Address (P.O. Box Number is Not Acceptable): 505 Patty Lynn Dr.
Suite, Apt. #, Etc:
City: Tallahassee State: FL Zip Code: 32305

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Bertha W. Ward Date: 2-25-10
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
D	Chaires, Jeffanna	1539 Crownridge Rd	Tallahassee, Fla 32310
D	Ward, Doc	505 Patty Lynn Dr.	Tallahassee, Fla 32305
D	Holmes, Jewel W	1522 Crownridge Rd	Tallahassee, Fla 32310
D	Ward, Bertha W	505 Patty Lynn Dr.	Tallahassee, Fla 32305
	REINSTATEMENT 08-10 FB 2/25/10		

10. E-mail Address: Savemychildren@comcast.net
(To be used for future annual report notification)

11. 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. I further certify, 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: Bertha W. Ward Bertha W. Ward 2-25-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #