2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2004
Secretary of State

DOCUMENT# N02000001225

Entity Name: RESTORATION MINISTRIES CENTER, INC

Current Principal Place of Business:

1500 NORTH CONGRESS AVE
C-23
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1147 HATTERAS CIRCLE
GREENACRES, FL 33413

Current Mailing Address:

1500 NORTH CONGRESS AVE
C-23
WEST PALM BEACH, FL 33401

New Mailing Address:

P.O. BOX 222928
WEST PALM BEACH, FL 33422 US

FEI Number: 02-0614174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, REGINALD K SR
1500 NORTH CONGRESS AVE
C-23
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DAVIS, REGINALD K SR
1147 HATTERAS CIRCLE
GREENACRES, FL 33413 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REGINALD K. DAVIS, SR. 10/25/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KENDRICK, ALTERMEASE
Address: 5241 W. LAKES DR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD ( ) Delete
Name: EASLEY, JAMES B
Address: 2631 AVE R, CONDO B
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD ( ) Delete
Name: BROWN, VIVIAN
Address: 1500 N CONGRESS AVE C-32
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES B. EASLEY VD 10/25/2004
Electronic Signature of Signing Officer or Director Date