CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 APR 18 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/10)

DOCUMENT # N02000002263

1. Corporation Name

Walter Lowe Ministries, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2937 Mission Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite A	
City & State	City & State
Pensacola, Fl.	
Zip: 32505 Country: ESC.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/26/02

5. FEI Number: 010625828 ☐ 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: Geneva Lowe

Street Address (P.O. Box Number is Not Acceptable): Geneva Lowe

Suite, Apt. #, Etc.: 1383 Rule st

City: Pensacola State: FL Zip Code: 32534

REINSTATEM
10-12

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: Geneva Lowe Date: 4-13-12
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	LaShandra Bloxson	7711 Untreiner av.	Pensacola, Fl, 32534
D	Bridget Hill	2365 W. Michigan av.	Pensacola, Fl. 32526
DV	Geneva Lowe	1383 Rule st	Pensacola, Fl. 32534
D	Walter L. Lowe	1272 Bolivia St.	Pensacola, Fl. 32534

10. E-mail Address: Welowe10@live.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Geneva Lowe 4-13-12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Williams APR 17 2012