
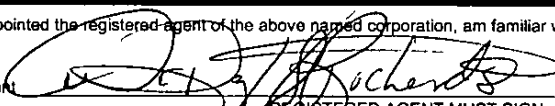
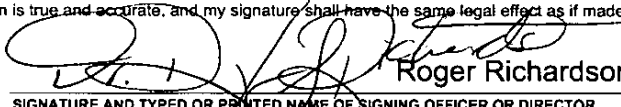


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  09 OCT 10 PM 4:49  SECRETARY OF STATE TALLAHASSEE, FLORIDA  100136820581 10/10/08--01041--008 **481.25  <b>REINSTATEMENT</b> 04-08 CR2E081 (10/08)	
<b>DOCUMENT # N02000006215</b>				
<b>1. Corporation Name</b>  Rhema University, Inc.				
<b>2. Principal Office Address - No P.O. Box #</b> 4700 Millenia Blvd  Suite, Apt. #, etc. 175  City & State Orlando, FL  Zip 32839		<b>3. Mailing Office Address</b>  Suite, Apt. #, etc.  City & State  Zip  Country USA		
<b>7. Name and Address of Current Registered Agent</b> Name Roger Richardson Street Address (P.O. Box Number is Not Acceptable) 4700 Millenia Blvd Suite, Apt. #, Etc. 175 City Orlando		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 08/16/2002  <b>5. FEI Number</b> 593694704  <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status  <input type="checkbox"/> 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.		
<b>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.</b> Signature of Registered Agent  Date <u>October 7, 2008</u> REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
Pres	Roger Richardson	4700 Millenia Blvd.	Orlando, FL 32839	
D	Lance Marr	4700 Millenia Blvd	Orlando, FL 32839	
D	Bruce Henry	4700 Millenia Blvd	Orlando, FL 32839	
D	Ruth Joyce Barnes	4700 Millenia Blvd	Orlando, FL 32839	
<b>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 contained in Chapter 119, 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.</b>				
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Roger Richardson October 7, 2008 877-270-0349 Date Daytime Phone #		