

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:11

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N02000007394**

1. Corporation Name

RESTORATION MINISTRIES INTERNATIONAL INC.

Principal Place of Business

5031 45TH STREET
 WEST PALM BEACH FL 33407

Mailing Address

5031 45TH STREET
 WEST PALM BEACH FL 33407

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/27/2002

5. FEI Number

06-1655-647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MITCHELL, PERRY	PO BOX 221402	WEST PALM BEACH FL 33422
S	WILKINSON, GINA	6371 PINESTEAD DRIVE APT 1325	LAKE WORTH FL 33463
T	WILLIAMS, EDWINA	1225 W 23RD STREET	RIVERA BEACH FL 33404

500023971855
 10/21/03--01071--020 **245.00

8. Name and Address of Current Registered Agent

MITCHELL, VALERIE
 5031 45TH STREET
 WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Valerie S. Mitchell

Date 10-12-03

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Valerie S. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03

Date

Daytime Phone #

CR2E040 (7/03)