2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008376

FILED Nov 04, 2007 Secretary of State

Entity Name: THE FLAMING FIRE OF GOD MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

6765 IDLEWILD ST 160 ALAMEDA AVE FT MYERS, FL 33912 FT MYERS, FL 33905

Current Mailing Address: New Mailing Address:

6765 IDLEWILD ST 160 ALAMEDA AVE FT MYERS, FL 33912 FT MYERS, FL 33905

FEI Number: 47-0884687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRADY, PATRICK KANELL, THOMAS P 6765 IDLEWILD ST 160 ALAMEDA AVE FT MYERS, FL 33912 US FT MYERS, FL 33905 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: TPK 11/04/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LUBANSA, BILLY A.D.M. REV.DR. LUBANSA, BILLY A.D.M. REV.DR. Name: Name: Address: 6308 PANTHER LN APT C7 Address: 160 ALAMEDA AVENUE City-St-Zip: FT MYERS, FL 33919 City-St-Zip: FT MYERS, FL 33905

Title: Title:

() Delete () Change () Addition PENA, NARCISO C EVANGEL Name: Name: Address: 433 S W 20 PL Address:

City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip:

Title: () Delete Title: (X) Change () Addition KANELL, THOMAS P BROTHER GRADY, PATRICK BROTHER Name: Name: 6765 IDLEWILD ST 160 ALAMEDA AVE Address: Address:

City-St-Zip: FT MYERS, FL 33912 City-St-Zip: FT MYERS, FL 33905

Title: () Delete Title: (X) Change () Addition Name: GRADY, WENDY SISTER Name: BATE, AFRED BROTHER 6765 IDLEWILD ST 111 CARAWAY RD Address: Address:

City-St-Zip: FT MYERS, FL 33912 City-St-Zip: REISTERSTOWN, MD 21136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BADM LUBANSA Ρ 11/04/2007