


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL -5 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005423

1. Corporation Name
Salvation Today ministries inc.

2. Principal Office Address
*305 Tuscarora St
Lakeland, FL 33805*

3. Mailing Office Address
305 Tuscarora St

City & State
Lakeland, FL

City & State
Lakeland, Florida

Zip Country
33805 USA

Zip Country
33805 USA

REINSTATEMENT 06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
Aug 2003

5. FEI Number
4338-1895-0051-4019

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Auban C. Carter

Street Address (P.O. Box Number is Not Acceptable)
305 Tuscarora St.

Suite, Apt. #, Etc

City
Lakeland

State
FL

Zip Code
33805

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
Auban C. Carter

REGISTERED AGENT MUST SIGN

Date
6-27-06

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
P	<i>Auban C. Carter</i>	<i>305 Tuscarora St. Lakeland, FL 33805</i>	<i>Lakeland, FL 33805</i>
V	<i>Adeline A. Carter</i>	<i>305 Tuscarora St.</i>	<i>Lakeland, FL 33805</i>
T	<i>Shirley Gordon</i>	<i>915 West 13th St.</i>	<i>Lakeland, FL 33805</i>

07/12/06

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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.

SIGNATURE: *Auban C. Carter* *Auban C. Carter* *6-27-06* *863-687-9364*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #