


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000006021		
1. Entity Name IN HIS IMAGE PRAYER AND COUNSELING MINISTRY, INC.		

Principal Place of Business 502 N.W. 7TH COURT #2 HALLANDALE BEACH, FL 33009	Mailing Address 502 N.W. 7TH COURT #2 HALLANDALE BEACH, FL 33009
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2. Principal Place of Business 2236 Saw Palmetto Ln Suite, Apt. #, etc. 113 City & State Orlando, FL Zip 32828 Country USA	3. Mailing Address 2236 Saw Palmetto Ln Suite, Apt. #, etc. 113 City & State Orlando Zip 32828 Country USA
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6. Name and Address of Current Registered Agent CARTER, YVONNE L DR 502 N.W. 7TH COURT #2 HALLANDALE BEACH, FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Yvonne L. Carter Yvonne L. Carter 9/11/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, YVONNE L DR. 502 N.W. 7TH COURT #2 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2236 Saw Palmetto Ln. #113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, GLORIA 622 ANGLER DRIVE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arthur Wilson SR. 7611 N.W. 68th Way Tamarac, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, TENISHIA 4510 WEST OAKLAND PARK BLVD. #209 LAUDERDALE LAKES, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Princess L. Moss 2236 Saw Palmetto Ln. #113 Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POITIER, GERALD 622 ANGLER DRIVE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shawneec Carter 2236 Saw Palmetto Ln #113 Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/11/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Yvonne L. Carter 9/11/06 407-517-9524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2006 SEP 18 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09112006 REIN-NP CR2E099 (11/05)

4. FEI Number  
57-1177001  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

100080037651

09/21/06 01050 000 \*\*121 25  
FL Zip Code