2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| REINSTATEWIENT | | | | | | | |
|---|---------------|--------------------------------|---|-------------|--|---|--|
| DOCUMENT # N0300006592 1. Entity Name PARTNERS IN PRAYER, INC. | | | | | | | FILED |
| | | | | | | ġ. | 04 NOV -9 AM 8: 25 |
| Principal Place of Business 8532 WAKULLA SPRINGS ROAD TALLAHASSEE, FL 32305 | | | Mailing Address 8532 WAKULLA SPRINGS ROAD TALLAHASSEE, FL 32305 | |) | Sec. Sec. | PEINSTAPEMENT STATE |
| | | | | | | | _i |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | T I BERNEL ELF BRIER WILL BERN RUNL BERN RUNL BERN BERN TONE ENIDT BLIRE HAND WELKEL ELF HOLE T |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 10272004 REIN-NP CR2E099 (6/04) |
| City & State | | | City & State | | | | 4. FEI Number Applied For Not Applicable |
| Zip | Zip Country | | Zip Co. | | untry | 5. Certificate of Status Desired | |
| | 6. Nam | Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MYRICK, LORENZO . Name | | | | | | | |
| 8532 WAK TALLAHAS | | PRINGS ROAD . 32305 | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | • | | City | | r ∎ Zip Code |
| | | | | | | | FL |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE | | | | | | | |
| | | | | | | | |
| FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Florida Department of State | | | | | | | |
| 10. | | OFFICERS AND DI | ECTORS 11. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME | | | ☐ Delete | TITL | E / | 20 | cenzo Myrick Change Addition |
| STREET ADDRESS CITY-ST-ZIP | | | • | | EET ADDRESS | E0 \$53 | 32 Waklulla Springs Road 1. Fla 32305 Director Coo Director Coo Director |
| TITLE | | | Delete | TITL | E 7 | 0 40 1 | 1. F/a 32305 Director Colo Change Maddillon |
| NAME | | | <u></u> | NAM | AE 1 | nar | rgie Bradley-Wade 1 Deura Drive |
| STREET ADDRESS CITY-ST-ZIP | | | | | eet address // (-St-Zip | 82 | 1 Deura Brive lahassee, Florida 32313 |
| TITLE | | | ☐ Delete | TITL | - 16 | 14 | Change M Addition |
| NAME PERCET ADDRESS | ! | • | | NAA | AE LE | ಲಿಯಾ | min Bance W Myrick |
| STREET ADDRESS CITY-ST-ZIP | } | · · | | | r-st-zip | 55 S Tal | 32 Walkulla Springs Road Nahassee, Florida 32305 |
| TITLE | | | ☐ Delete | | .E | | |
| NAME STREET ADDRESS | ł | | | NAM STR | AE EET ADDRESS | | 000042836440 11/17/04-01045-014 **61.25 |
| CITY-ST-ZIP | <u> </u> | | | | Y-ST-ZIP | | |
| TITLE / | | | Delete | | | | ☐ Changé ☐ Addition |
| NAME STREET ADDRESS | 1 | | | NAM STR | EET ADDRESS | | |
| CITY-ST-ZIP | | | · . | CIT | Y-ST-ZIP | | |
| TITLE NAME | { | | Delete | ITIT NAN | - (| | Change Addition |
| STREET ADDRESS | } | | | STR | EET ADDRESS | | |
| CITY-ST-ZIP | CONTINUE TO A | ha information are all all and | a this filing does and a co | | Y-ST-ZIP | d in C | Copiling 110.07(2V)) Florida Ctatutas I further or all that the information |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TOPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TOPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR AND TOPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TOPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |
| SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | |