


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT  |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                          |
|---|-----------------------------------|---|--------------------------|
| DOCUMENT # <b>N03000008606</b>  |                                   |   |                          |
| 1. Corporation Name<br><b>Mind's Eye's Ministry INC.</b>  |                                   |   |                          |
| 2. Principal Office Address<br><b>1249 Broward Rd</b><br>Suite, Apt. #, etc.  |                                   | 3. Mailing Office Address<br><b>2206 Nettlebrook St</b><br>Suite, Apt. #, etc.  |                          |
| City & State<br><b>Jax, FL</b>  |                                   | City & State<br><b>Jax, FL</b>  |                          |
| Zip<br><b>32218</b>   | Country<br><b>Duval</b>           | Zip<br><b>32218</b>   | Country<br><b>Duval</b>  |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>10-03-03</b>  |                                   | 5. FEI Number<br><b>32-0094904</b>  |                          |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>  |                                   | \$8.75 Additional Fee required for a Certificate of Status  |                          |
| 7. Name and Address of Current Registered Agent   |                                   |   |                          |
| Name <b>Mind's Eye's Ministry INC. ROSA Mickler</b>   |                                   |   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1249 Broward Road</b>  |                                   |   |                          |
| Suite, Apt. #, Etc.<br><b>2206 Nettlebrook St. South</b>  |                                   |   |                          |
| City<br><b>JACKSONVILLE</b>   |                                   | State<br><b>FL</b>  | Zip Code<br><b>32218</b> |
| 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<br><b>Rosa Mickler</b>  |                                   | Date <b>02-16-06</b>  |                          |
| REGISTERED AGENT MUST SIGN  |                                   |   |                          |
| 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       |
| Pastor  | <b>Rosa Mickler</b>               | <b>2206 Nettlebrook St. So</b>  | <b>Jax, FL, 32218</b>    |
| Sec   | <b>Tara Brower</b>                | <b>2206 Nettlebrook St So</b>   | <b>Jax, FL, 32218</b>    |
| T   | <b>Helen Roberts</b>              | <b>2039 Prospect St W</b>   | <b>Jax, FL, 32254</b>    |
|   |                                   | <b>B</b>  |                          |
|   |                                   | <b>04-706</b>   |                          |
| 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: <b>Rosa Mickler</b>  |                                   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          |
| Date  |                                   | Daytime Phone #   |                          |