


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 14 PM 3:04

DOCUMENT # N03000009289 1. Entity Name ROBERTA HINES MINISTRIES, INC.	
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Principal Place of Business 4755 MEREDITH LN SARASOTA, FL 34241	Mailing Address P.O. 52693 SARASOTA, FL 34232
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2. Principal Place of Business - No P.O. Box # <i>2061 Wisteria St. Fl. 34239</i>	3. Mailing Address <i>52693 Sarca Fl. 34232</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11102008 REIN-NP CR2E099 (1/07)

City & State <i>Sarasota Florida 34239</i>	City & State <i>Sarasota Fl. 34232</i>
Zip <i>34239</i>	Country <i>Sarasota</i>
Zip <i>34239</i>	Country <i>Sarasota</i>

4. FEI Number 56-2409425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

HINES, ROBERTA
4755 MEREDITH LN
SARASOTA, FL 34241

7. Name and Address of New Registered Agent

Name *Same Name / Hines, Roberta*

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

City *Sarasota* FL Zip Code *34239*

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 *Roberta Hines - President* DATE *Nov/10/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HINES, ROBERTA
STREET ADDRESS	4755 MEREDITH LN
CITY-ST-ZIP	SARASOTA, FL 34232 <i>delete address only</i>
TITLE	VP <input type="checkbox"/> Delete
NAME	WATKINS, CHADWICK
STREET ADDRESS	2072 HILVIEW ST.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	BM <input type="checkbox"/> Delete
NAME	WATKINS, MARIEA
STREET ADDRESS	5797 GARDEN DR.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	BM <input type="checkbox"/> Delete
NAME	SMITH, KELLI
STREET ADDRESS	3224 RAMBLE WOOD DR.SOUTH
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	BM <input type="checkbox"/> Delete
NAME	WALKER, MARGARET
STREET ADDRESS	2725 17 ST.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>add New Address</i>
STREET ADDRESS	<i>2061 Wisteria St.</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200138036202
STREET ADDRESS	11/18/08--01013--006 **70.00
CITY-ST-ZIP	<i>11/14/08</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT 08
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Roberta Hines* DATE: *Nov/10/08*

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