2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DIVISION OF CORPORATIONS DOCUMENT # N03000009289 1. Entity Name ROBERTA HINES MINISTRIES, INC. 08 NOV 14 PH 3: 04 Principal Place of Business Mailing Address 4755 MEREDITH LN P.O. 52693 SARASOTA, FL 34241 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2061 Wistera Som H. 52693 Suite, Apt. #, etc. Suité, Apt. #, etc. 11102008 REIN-NP CR2E099 (1/07) City & State 4. FEI Number 56-2409425 Applied For City & State Swasota orida 34139 jurasof 1 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 34239 3ava Sota garasata Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hine lane HINES, ROBERTA Street Address (P.O. Box Number is Not Acceptable) 4755 MEREDITH LN SARASOTA, FL 34241 Sarasita Zip Code 348-39 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 FILE NOW!!! FEE IS \$236.25 Make check payable to After January 1, 2009, Fee will be \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 add New Holdress TITLE ☐ Delete TITLE ☐ Change HINES, ROBERTA NAME NAME 2061 Wisteria St. STREET ADDRESS 4755 MEREDITH LN STREET ADDRESS CITY-ST-7IP SARASOTA, FL. 34232 CITY-ST-ZIP delete address Ch ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME WATKINS, CHADWICK NAME 200138036202 2072 HILVIEW ST. STREET ADDRESS STREET ADDRESS 11/18/08--01013--006 CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WATKINS, MARIEA NAME NAME STREET ADDRESS 5797 GARDEN DR. STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition SMITH, KELLI NAME NAME 3224 RAMBLE WOOD DR.SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition WALKER, MARGARET NAME NAME STREET ADDRESS 2725 17 ST. STREET ADDRESS SARASOTA, FL 34234 CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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 eath; 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: