


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009306 1. Entity Name DOONIE AND DEB CHEVY, GOD'S MIRACLE CHARIOT, INC.	
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FILED
07 OCT -5 PM 1:36

CLERK OF THE COURT
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Principal Place of Business 330 WILLOW ST, PO BOX 221 MAYO, FL 32066	Mailing Address 330 WILLOW ST, PO BOX 221 MAYO, FL 32066
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2. Principal Place of Business - No P.O. Box # 330 SW Willow St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 221 Suite, Apt. #, etc.
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City & State Mayo Florida	City & State Mayo Florida FL
Zip 32066	Country US

4. FEI Number 51-0485904	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMILTON, JAMES W JR. 330 WILLOW ST MAYO, FL 32066	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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 HAMILTON, JAMES W JR. <input type="checkbox"/> Delete 330 WILLOW ST, PO BOX 221 MAYO, FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900110348419 10/05/07--01028--004 +\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMILTON, DEBRA <input type="checkbox"/> Delete 330 WILLOW ST, PO BOX 221 MAYO, FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>\$710/8</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIDDLETON, LASHONA <input type="checkbox"/> Delete PO BOX 161 MAYO, FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIDDLETON, PAMELA <input type="checkbox"/> Delete PO BOX 15012 GAINESVILLE, FL 32604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, MARIOLE <input type="checkbox"/> Delete PO BOX 369 FT WHITE, FL 32038	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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: *James W Hamilton* 10-3-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date