

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 DEC 12 AM 9:30

DOCUMENT # *NO3000010999*

1. Corporation Name

Real Things Ministry Corp.

2. Principal Office Address - No P.O. Box #

395 N.W. 177th Apt 110

3. Mailing Office Address

395 N.W. 177th St

Suite, Apt. #, etc.

Apt 110

Suite, Apt. #, etc.

Apt 110

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33169

Country

Dade

Zip

33169

Country

Dade

300113079203
12/12/07--01039--001 **\$1.25
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

14-1898890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$975 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Atlanta White

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

395 N.W. 177th St

Suite, Apt. #, Etc.

Apt 110

City

Miami

State

FL

Zip Code

33169

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Atlanta White

REGISTERED AGENT MUST SIGN

Date *10/16/07*

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
<i>P</i>	<i>Atlanta White</i>	<i>395 N.W. 177th St Apt 110</i>	<i>Miami, Fla. 33169</i>
<i>T</i>	<i>Atlanta White</i>	<i>395 N.W. 177th St Apt 110</i>	<i>Miami, Fla. 33169</i>
<i>B</i>	<i>Atlanta White</i>	<i>395 N.W. 177th St Apt 110</i>	<i>Miami, Fla. 33169</i>

REINSTATEMENT

B 12/17/07

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:

Atlanta White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/07

Date

786 3067768

Daytime Phone #