2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

City-St-Zip:

TAMPA, FL 33609 US

FILED Dec 12, 2006

| DOCUM | 1ENT# N04000004312 | | Secretary of State | |
|---|---|---|--|--|
| Entity Na | me: END TIME HARVEST MINISTRIES, IN | C. | - | |
| Current Principal Place of Business: | | New Principal Place | of Business: | |
| 3702 W KE TAMPA, F | ENNEDY BLVD L 33609 US | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| P O BOX 1 TAMPA, F | | | | |
| | : 06-1723705 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did r | FEI Number Not Applicable () not receive the prior notice. | Certificate of Status Desired () | |
| Name and | Address of Current Registered Agent: | Name and Address o | f New Registered Agent: | |
| 3702 W KE TAMPA, F The above | SON, EARNESTINE ENNEDY BLVD L 33609 US named entity submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| | | | | |
| SIGNATU | RE: EARNESTINE RICHARDSON | | Data | |
| | Electronic Signature of Registered Ac | | Date | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGE | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () Delete RICHARDSON, EARNESTINE 3702 W KENNEDY BLVD TAMPA, FL 33609 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD () Delete RICHARDSON, ANGELLIVIA T 3702 W KENNEDY BLVD TAMPA, FL 33609 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SD () Delete RICHARDSON, ARTESHA F 3702 W KENNEDY BLVD | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EARNESTINE RICHARDSON DIRE 12/12/2006