2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005981

FILED Feb 13, 2008 Secretary of State

Entity Name: LEGACY MINISTRY INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 2590 S GLENEAGLES DR 18027 SE COUNTY ROAD 225 DELAND, FL 32724 EVINSTON, FL 32633 **Current Mailing Address: New Mailing Address:** 2590 S GLENEAGLES DR PO BOX 373 DELAND, FL 32724 EVINSTON, FL 32633 FEI Number: 20-1821128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VIDAL, ALBERT J 421 S. PINE AVENUE OCALA, FL 34474 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. SIGNATURE: ALBERT JOHN VIDAL Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Delete (X) Change () Addition VIDAL, LAURIS G Name: VIDAL, LAURIS G Name: 2590 S GLENEAGLES DR Address: 18027 SE COUNTY ROAD 225 Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: EVINSTON, FL 32633 Title: () Delete Title: () Change () Addition DE SOUZA, STEVE Name: Name: Address: 13201 REESE BLVD., W. SUITE 200 Address: City-St-Zip: HUNTERSVILLE, NC 28078 City-St-Zip: Title: () Delete Title: (X) Change () Addition DWYER, MIKE Name: DWYER, MIKE Name: 2500 W LAKE MARY BLVD 3381 REGAL CREST DRIVE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LONGWOOD, FL 32779 Title: SD () Delete Title: () Change () Addition Name: SELBY, DWIGHT Name: 200 E GRANADA BLVD - STE 200 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: () Delete Title: () Change () Addition BUCKLEY, KENT Name: Name: 1226 OCEAN SHORE BLVD Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LAURIS G. VIDAL PTD 02/13/2008