

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 4000008284

1. Corporation Name

Rivers of Judah Ministries INC

2. Principal Office Address

6450 Alcalde Ct

Suite, Apt. #, etc.

Unit 105

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

P.O. BOX 690843

Suite, Apt. #, etc.

-

City & State

Orlando, FL

Zip

32869

Country

USA

REINSTATEMENT

CR2E081 (12/05)

05-46

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/2004

5. FEI Number

20-4929596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAROLINE LARSON

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

8818 COMMODITY CIR STE 40

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

Carla Larson

Date

10/27/06

REGISTERED AGENT MUST SIGN

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
Dir	Lance S. Scates	6450 Alcalde Ct 105	Orlando / FL / 32835
Dir	Diana R. O. Scates	6450 Alcalde Ct 105	Orlando / FL / 32835

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11/02/06--01029--012 **122.50

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:

Diasea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-06 4079968948

Daytime Phone #

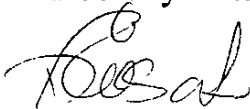
K. Eckel NOV 03 2006

2/2

To: Division of Corporation
From: Rivers of Judah Ministries Inc
Date: 10/27/2006

This letter is to state that we did not receive a renewal notice
because we moved in June 2005.

I certify that the above is a true.

A handwritten signature in cursive script, appearing to read "Diana Scates".

Diana Scates
Director