

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008357	
1. Entity Name "ALL NATION" END-TIME MINISTRIES INC <i>"ALL NATIONS" END-TIME MINISTRIES INC</i>	
Principal Place of Business 2991 GULF TO BAY BLVD - LOT 226 CLEARWATER, FL 33759	Mailing Address 2991 GULF TO BAY BLVD - LOT 226 CLEARWATER, FL 33759



FILED
05 OCT 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business <i>RR1 Box 1405</i> Suite, Apt. #, etc.		3. Mailing Address <i>RR1 Box 1405</i> Suite, Apt. #, etc.	
City & State <i>DARIEN GA</i>		City & State <i>DARIEN GA</i>	
Zip <i>31305</i>	Country <i>MCINTOSE</i>	Zip <i>31305</i>	Country <i>MCINTOSE</i>

10132005 REIN-NP CR2E099 (6/04)

4. FEI Number <i>32-0126373</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALSTON, VICTORIA 2991 GULF TO BAY BLVD - LOT 226 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSTON, VICTORIA 2991 GULF TO BAY BLVD - LOT 226 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTORIA ALSTON RR1 Box 1405 DARIEN, GA. 31305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ALSTON, WILLIE 2991 GULF TO BAY BLVD - LOT 226 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ALSTON WILLIE RR1 Box 1405 DARIEN, GA. 31305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HIMSON, ROBERT 1944 12 AVE 80 ST PETE, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIMSON Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HOLMES, ALICE 2405 COUNTRY CLUB DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	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
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 exemption stated in Section 119.07(3)(i), 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: *Victoria Alston* VICTORIA ALSTON Director 10/17/05 912-437-4769
Signature and typed or printed name of signing officer or director Date Daytime Phone #

10/17/05

I've filed and sent this
form in once before in
the month of Aug. I sent in
\$70.00 which include 8.75 for
a Certificate of Status.

#32-0126373 is the only
one I have for EIN.

Victoria H. Director
