

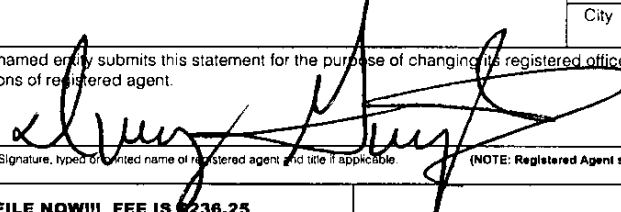
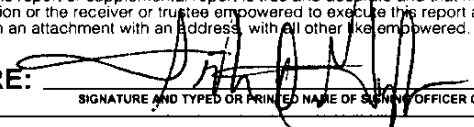


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000009021</b> 1. Entity Name DISCOVERING LIFE INTERNATIONAL MINISTRIES, INC.						FILED  06 NOV 15 AM 10:24  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2032 S. MONROE TALLAHASSEE, FL 32310				Mailing Address PO BOX 20293 TALLAHASSEE, FL 32316			
2. Principal Place of Business <b>2032 S. MONROE</b>		3. Mailing Address <b>PO BOX 4152</b>		 09282006 REIN-NP CR2E099 (1/05) 06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>TALLAHASSEE, FL</b>		City & State <b>TALLAHASSEE, FL</b>					
Zip <b>32310</b>		Country <b>USA</b>		Zip <b>32315</b>		Country <b>USA</b>	
4. FEI Number <b>26-0096108</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  GUYTON, IVERY 2032 S. MONROE TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name <b>IVERY GUYTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2032 S. MONROE</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32310</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE <b>11/12/06</b>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE T <input checked="" type="checkbox"/> Delete NAME WILLIAMS, LATONYA STREET ADDRESS 1120 STUCKEY AVE CITY-ST-ZIP TALLAHASSEE, FL 32310				TITLE T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CHARLOTTE WILLIAMS-JACKSON-D STREET ADDRESS 2032 S. MONROE CITY-ST-ZIP TALLAHASSEE, FL 32310			
TITLE P <input type="checkbox"/> Delete NAME GUYTON, IVERY STREET ADDRESS 1491 SHADESVILLE HWY CITY-ST-ZIP CRAWFORDVILLE, FL 32327				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V <input type="checkbox"/> Delete NAME GUYTON, IRISH O STREET ADDRESS 1491 SHADESVILLE HWY CITY-ST-ZIP CRAWFORDVILLE, FL 32327				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/3/06</b> Daytime Phone #			