


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000002027</b> 1. Entity Name <b>HIS MINISTRY INC.</b>						<b>FILED</b> <b>06 OCT 16 AM 11:46</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 07/14/06 90025 091 \$66-25	
Principal Place of Business <b>17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551</b>				Mailing Address <b>17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>42-1646204</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>TURANE HILL, PAMELA JUANITA 17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Pamela Juanita Turane Hill</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>10/9/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50</b>				<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURANE HILL, PAMELA JUANITA 17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551	<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	VD TOWNSEND, DARLENE 17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, RHIANNON 1718 Chapel Tree Circle Apt G BRANDON, FL 33551 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SERGENT, MEAGAN 105-07 131 ST JAMAICA, NY 11419	<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	D JENNINGS HAMPTON, BRENDA 171-17 105 AVE JAMAICA, NY 11433	<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	TD DIKES, MARJORIE 171-17 105 AVEREE CIRCLE APT G JAMAICA, NY 11433	<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						
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: <i>Pamela Juanita Turane Hill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <i>10/09/06</i> <small>Date Daytime Phone #</small>			

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REINSTATEMENT**

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1. Entity Name  
HIS MINISTRY INC.



*October 9th, 2006*

*To The Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500,*

*HIS Ministry Inc.  
c/o Pamela Hill  
1718 Chapel Tree Circle Unit 6  
Brandon Florida 33511  
# N05000002027*

*filed my Annual Report in a timely  
manner. The check for \$66.25 has been  
cashed. Please waived the fee*

*Enclosed is a copy of said document*

*Thank you  
Pamela J. Hill*

