2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003080

Entity Name: KINGDOM HARVEST MINISTRIES, INC.

FILED Dec 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1616 CROOKED STICK WAY WEST PALM BEACH, FL 33413	

Current Mailing Address: New Mailing Address:

P.O. BOX 222747 WEST PALM BEACH, FL 33422

FEI Number: 84-1676375 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:

THICKLIN, J R 1616 CROOKED STICK WAY W PALM BEACH, FL 33413 US

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: J.R. THICKLIN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: THICKLIN, J R Name:

Name: THICKLIN, J R
Address: 1616 CROOKED STICK WAY
City-St-Zip: WEST PALM BEACH, FL 33413
Name:
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Title: VPD () Delete Title: VPD (X) Change () Addition Name: MCKENZIE, FLOYD Name: WILLIAMS, CAROLYN Y

 Name:
 MCKENZIE, FLOYD
 Name:
 WILLIAMS, CAROLYN Y

 Address:
 104 BELMONT DR
 Address:
 1623 43RD STREET

City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete Title: SD (X) Change () Addition Name: RHYMES, WILLIE A JR Name: THICKLIN, BALERIE L

Address: 1018 CENTER STONE LANE Address: 1616 CROOKED STICK WAY
City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BAKER, IVORY T
 Name:
 IVORY, HENRIETTA L

 Address:
 280 MALIBU CIRCLE
 Address:
 900 29TH STREET

City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33407

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: J.R. THICKLIN PRES 12/04/2007