2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003080

Entity Name: KINGDOM HARVEST MINISTRIES, INC.

FILED Oct 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2695 NORTH MILITARY TRAIL

WEST PALM BEACH, FL 33417

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 ()

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:

COLLYMORE, LINDA A THICKLIN, J.R.

2695 NORTH MILITARY TRAIL
7
W PALM BEACH, FL 33417 US
2695 NORTH MILITARY TRAIL
7
W PALM BEACH, FL 33417 US
W PALM BEACH, FL 33417 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 10/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 THICKLIN, J R PASTOR
 Name:
 THICKLIN, J R PASTOR

 Address:
 1616 CROOKED STICK WAY
 Address:
 1466 39TH STREET

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

Title: VPD () Delete Title: VPD (X) Change () Addition Name: COLLYMORE, LINDA A PASTOR Name: JACKSON, THEODORE DEACON Address: 2695 NORTH MILITARY, SUITE #7 Address: 4645 N. DYSON CIRCLE

City-St-Zip: WEST PALM BEACH, FL 33417 Address. 4045 N. DTSON CIRCLE

City-St-Zip: WEST PALM BEACH, FL 33415

Title: ST () Delete Title: () Change () Addition

 Name:
 GRAHAM, CATHERINE SIS.
 Name:

 Address:
 1561 WEST 14TH STREET
 Address:

 City-St-Zip:
 RIVIERA BEACH, FL 33404
 City-St-Zip:

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 10/19/2009