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2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

	, INT. 140 11				_	ر میں	l 1		
1. Entity Name		FILED SECRETARY OF STATE DIVISION OF CORPUTATIONS							
ABUNDAI	NT LIFE GIVING MINISTR	Y INC.	NC.			09 MAR 24	PH 12: 10		
Principal Place of Business 804 E. BROAD STREET TAMPA, FL 33604 US Mailing Address 804 E. BROAD STR TAMPA, FL 33604 TAMPA, FL 33604			T US) 	BIRK BUKI SENI BEKI BEKI BEKI B	118 BURI BONI BONI BONIBI BI 121	D t	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02242009 REI	IN-NP CR	2E099 (1/07)		
City & State	9	City & State			4. FEI Number 56-253811	9	Applied F Not Applie	-	
Zip	Country	Zìp	Zip Cou		5. Certificate of St	atus Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Register	ed Agent		
WELLS, GAILYNN				Name GAILYNN WE!/5 Street Address (P.O. Box Number is Not Acceptable)					
2437 PULA ORLANDO	ASKI AVE), FL 32818				2214 S.RID Grande #331				
					LANDU	TIVANDE T	<u> </u>		
8. The above	named entity pubmits this statement f	or the purpose of changing its	s register			the State of Florida.	am familiar with, and ac		
the obligat	ions of registered agent.	21.1	- · • g - · · ·		3 ,	m/	n 11 / 0	·	
SIGNATURE Signature, typed or printed name of registrary agent and title if applicable. (NOTE: Registered Agent signature required when refinalishing) DATE								-	
FILE NOW!!! FEE IS \$297.50							neck payable to partment of State		
10.	OFFICERS AND D		11.		ADDITIONS/CHANG	ES TO OFFICERS AN	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	BM LEVELL, CYNTHIA	☐ Delete	TITE	- I				ddition	
STREET ADDRESS CITY-ST-ZIP	1609 VISTOSA LANE RUSKIN, FL 33573		STR	EET ADDRESS '-ST-ZIP	800 03/24/09	14702E 0100702	8 848 3 **61.25		
TITLE NAME STREET ADDRESS	S WILLIAMS, SHABRINA 7112 TALIAFERRO ST	☐ Delete		ie Eet adoress	12/15/0	0/021	9999 PM	ddition . 2.4	
CITY-ST-ZIP	- 174H 74,12 00004			'-S1-ZIP		<u></u>	☐ Change ☐ A	ddition	
TITLE NAME	WELLS, GAILYNN	☐ Detete	TITL NAM	1			ChangeA	20111011	
STREET ADDRESS CITY-ST-ZIP	2437 PULASKI AVE ORLANDO, FL 32818			EET ADDRESS '-ST-ZIP			2/25/19	\	
TITLE NAME	PF PETERSON, GERALDINE	☐ Delete	TITL NAM			Pa	7484	ddition	
STREET ADDRESS CITY-ST-ZIP	804 E BROAD ST TAMPA, FL 33604			EET ADDRESS (-ST-ZIP	:01/ 1/0	(<i>し</i>) これの思いまって	C-11G		
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	ΤΠι	Ē .			☐ Change ☐ A	ddition	
NAME STREET ADDRESS			naa Str	IE EET ADORESS		€			
CITY-ST-ZIP			CITY	/-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		ŀ			☐ Change ☐ A	ddition	
indicated	certify that the information supplied w on this report or supplemental report	is true and accurate and that	my signa	iture shall have the	i same legal effect as	it made under oath: th	at I am an officer or dire	CIO	
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: COLA / Sive Peterson Meraldum Telerson J-24 19 (813) 546-7840 BIGNATURE AND TYPED OR PRINTED NAME OF SURNING OFFICER OR DIRECTOR Date Degrare Prove #									
					,				

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ABUNDANT LIFE GIVING MINISTRY INC. 804 E. BROAD STREET TAMPA, FL 33604

February 24, 2009

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

TO: REINSTATEMENT DEPARTMENT

Enclosed you will the preprinted reinstatement form from Abundant Life Giving Ministry Inc. I sent this form back in December along with a payment of \$236.25. I was sent out a rejection letter, but I did not receive it. I spoke with a agent today and she advised me to resend the reinstatement form along with an additional fee of \$61.25. This will bring the total to \$297.50.

Thank You.

Geraldine Peterson