


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000008546	
1. Entity Name REVELATIONS I, INC.	

Principal Place of Business 914 MCPHERSON PLACE WINTERGARDEN, FL 34787 US	Mailing Address 7849 TEMPLE ROAD PHILADELPHIA, PA 19150 US
---	--

2. Principal Place of Business - No P.O. Box # <i>914 McPherson Pl</i>	3. Mailing Address <i>914 McPherson Pl</i>
---	---

Suite, Apt. #, etc. <i>Winter Garden fl</i>	Suite, Apt. #, etc. <i>Winter Garden fl</i>
City & State	City & State
Zip <i>34787</i>	Country <i>USA</i>
Zip <i>34787</i>	Country <i>USA</i>

FILED

09 JAN-6 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12012008 REIN-NP CR2E099 (1/07)

4. FEI Number 20-3333055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GORDON, CARROLL 914 MCPHERSON PLACE WINTERGARDEN, FL 34787	7. Name and Address of New Registered Agent Name <i>Robert Gordon</i> Street Address (P.O. Box Number is Not Acceptable) <i>914 McPherson place</i> <i>Winter Garden</i> City <i>FL</i> Zip Code <i>34787</i>
---	--

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 *Robert Gordon* DATE *1/25/08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GORDON, ROBERT 914 MCPHERSON PLACE WINTERGARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700139529687 01/06/09--01007--013 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, CARROLL 914 MCPHERSON PLACE WINTERGARDEN, FL 34787 <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	S BOSTON, ELLEN 3025 W. FONTAIN STREET PHILIDELPHIA, PA 19121 <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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

08

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: *Robert Gordon* DATE *1/25/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #