

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

File

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG -8 PM 12:52

TALLAHASSEE, FLORIDA

DOCUMENT # N-05000009720
1. Corporation Name
Spiritual Growth Ministries, Inc

REINSTATEMENT 06-08
CR-181 (12/07)

2. Principal Office Address - No P.O. Box #
9266 Adams Ave

Suite, Apt. #, etc.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip

Country
United States

City & State
Same

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
Sept. 20, 2005
9-20-05

5. FEI Number
06-1757002

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Elliott Armstrong, Sr

Street Address (P.O. Box Number is Not Acceptable)
9266 Adams Ave

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32208

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Elliott M. Armstrong

Date
7/31/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pastor	Mary Armstrong	9266 Adams Ave	Jax, FL 32208
Elder	Christopher Armstrong	9266 Adams Ave	Jax, FL 32208

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mary Armstrong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-08

Date

Daytime Phone #

2/08