PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

· ·	RPORATION ISTATEMENT		2	TMENT OF STATE y.of State corporations	:	SECRE COLVERTING TO THE BEAUTY OF THE BEAUTY		
DOCUMENT # N0500009879 1. Corporation Name								
HEAL OUR LAND MINISTRIES, INC.								
					05/2	00181270001 4/1001044001 **183.75		
2. Principal Office Address - No P.O. Box # 3. Mailing Of 22309 SW 66 th AVE 2230				N 66th AVE		CR2E081 (11/09)		
APT # 2511 APT			.,,,	511		porated or Qualified on 123 105		
BOCA RATON, FL BOCA				ON, FL		5. FEI Number Applied For Not Applied For Not Applied For		
21p Country Zip 33428 USA 3342				Country USA	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								
WILLEN S. DE SOUZA						The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable)						circumstances which the entity did not receive the prior notices. By checking this box, you		
22309-5W-66th AVE Suite, Apt. #, Etc.						are certifying the prior notices were not received and requesting the reinstatement		
APT # 2511					fee he	fee he waived		
BOCA RATON				FL 33428	077 1077	100181270001 07/20/1001039003 ** 245 0 0		
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 Date 05/17/10 REGISTERED XGENT 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		
DP.	WILLEN S. DE SOUZA 2			22309 SW 66th AVE #2511		· · •		
DV	_				VE#2511	BOCA RATON, FL 33428		
.05	ERIKA T	WANI	830	830 ARGONAUT ISLE		DANIA BEACH, FL 33004		
				· · · · · · · · · · · · · · · · · · ·	·· · · · · · · · · · · · · · · · · · ·			
REINSTATEME					ENT	08~W		
10. E-mail Address:								
(To be used for future annual report notification) 11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if								
signature: 5 de tom. 05/17/10								
SIGNA		<u> </u>	Solita	SIGNING OFFICER OR DIRE		05/17/10		