

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # N06000000724 | |
| 1. Entity Name THE STARTING POINT MINISTRIES INC | |



FILED

2007 SEP 21 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 2500 MERCHANT ROW BLVD 163 TALLAHASSEE, FL 32311 | Mailing Address 2500 MERCHANT ROW BLVD 163 TALLAHASSEE, FL 32311 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address P.O. Box 6515 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

09212007 REIN-NP CR2E099 (1/07)

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|--------------------------------------|-----------------|-----------------------------------------------------------|-------------------------------------------------------------------|
| City & State TALLAHASSEE FL 32314 | | 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip 32314 | Country LEON | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent BURTON, MIA 2500 MERCHANT ROW BLVD 163 TALLAHASSEE, FL 32311 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | 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 | PRESIDENT/CEO BRENT BURTON P.O. Box 6515 TALLAHASSEE FL 32314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700110254867 10/04/07--01016--007 **\$61.50 <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 |
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| 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 |

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: _____ 9/21/07 850 528-4759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #