

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 30 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N06000000897</b> 1. Entity Name GOD'S TABLE INC.					
Principal Place of Business 6051 EXTERO BOULEVARD FORT MYERS BEACH, FL 33931			Mailing Address 6051 EXTERO BOULEVARD FORT MYERS BEACH, FL 33931		
2. Principal Place of Business - No P.O. Box # 100 Chapel Street Suite, Apt. #, etc.		3. Mailing Address P O Box 6595 Suite, Apt. #, etc.			
City & State Fort Myers Beach FL		City & State Fort Myers Beach FL		4. FEI Number 01-0825029	
Zip 33931		Country US		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent PITTMAN, LARRY 6051 EXTERO BOULEVARD ESTERO FORT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6051 Estero Boulevard #2 City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Barbara Steffey 4745 Estero Blvd #503 Fort Myers Beach FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900112715599 11/30/07--01007--001 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Max Steffey 4745 Estero Blvd #503 Fort Myers Beach FL 33931		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	
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: <u>Barbara Steffey</u> <b>BARBARA STEFFEY</b> 11/27/07 (239) 765-8292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

11/30/07