

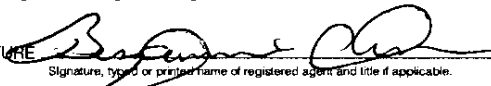
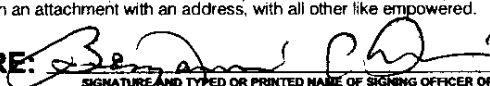


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000005533 1. Entity Name ABUNDANT LIFE CHRISTIAN CENTER #2, INC.		 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 NOV 16 PM 3:35 05/07/07 900202 049 6026 	
Principal Place of Business 4182-6 COUNTY ROAD 218 MIDDLEBURG, FL 32068		Mailing Address 4182-6 COUNTY ROAD 218 MIDDLEBURG, FL 32068	
2. Principal Place of Business - No P.O. Box # 2131 Kings Rd Suite, Apt. #, etc. 6101		3. Mailing Address 2362 Tyrone Rd Suite, Apt. #, etc. 	
City & State Jacksonville, FL Zip 32209		City & State Middleburg, FL Zip 32068	
4. FEI Number 59-3628345		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 CLARK, JOANN 2362 TYRONE ROAD MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent Name BENJAMIN CLARK Street Address (P.O. Box Number is Not Acceptable) 2362 Tyrone Rd City Middleburg, FL Zip Code 32068	
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  Pastor Nov 8 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, 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 Pastor <input type="checkbox"/> Delete NAME Benjamin Clark STREET ADDRESS 2362 Tyrone Rd CITY-ST-ZIP Middleburg, FL 32068		<input type="checkbox"/> Change <input type="checkbox"/> Addition 000112352150 11/16/07--01005--015 **183.75	
TITLE Pastor <input type="checkbox"/> Delete NAME JOANN CLARK STREET ADDRESS 2362 Tyrone Rd CITY-ST-ZIP Middleburg, FL 32068		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition B 11/20/07	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete 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:  Pastor <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Nov 8 2007 904-291-2575 <small>Date Daytime Phone #</small>	