2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007213

P. O. BOX 267

OCALA, FL 34478

Address:

City-St-Zip:

Entity Name: CPM SPIRITUAL MINISTRY, INC

FILED Feb 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4421 NW BLITCHTON RD 3682 N WICKHAM RD B1 SUITE 216 305 OCALA, FL 34482 MELBOURNE, FL 32935 **Current Mailing Address:** New Mailing Address: 3682 N WICKHAM RD 4421 NW BLITCHTON RD B1 SUITE 216 OCALA, FL 34482 MELBOURNE, FL 32935 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, WALTER 2620 N PINE AVE OCALA, FL 34476 US 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. SIGNATURE: WALTER JOHNSON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOHNSON, WALTER Name: Name: Address: 2620 N PINE AVE Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CHARLES, PHILIP Name: Address: P.O. BOX 267 Address: City-St-Zip: OCALA, FL 34478 City-St-Zip: Title: () Delete Title: () Change () Addition SUPERIOR, DORIS Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WALTER JOHNSON D 02/27/2008