


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000008962	
1. Entity Name WATTHEW MINISTRIES INTERNATIONAL, INC.	

Principal Place of Business 8649 N HIMES AVE APT 508 TAMPA, FL 33614	Mailing Address 8649 N HIMES AVE APT 508 TAMPA, FL 33614
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2. Principal Place of Business - No P.O. Box # 5422 Temple Palms Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 153094 Suite, Apt. #, etc.
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City & State Tampa FL	City & State Tampa, FL
Zip 33617	Zip 33684
Country USA	Country USA

6. Name and Address of Current Registered Agent POOLE, RHUDINE M 8649 N HIMES AVE APT 508 TAMPA, FL 33614	7. Name and Address of New Registered Agent Name Poole, Rhudine M Street Address (P.O. Box Number is Not Acceptable) 5422 Temple Palms Ave City Tampa FL Zip Code 33617
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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: Rhudine M. Poole Rhudine M. Poole Oct. 15, 2007

(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS POOLE, RHUDINE M 8649 N HIMES AVE APT 508 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000111205730 10/23/07--01028--016 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POOLE, RHUDINE M 8649 N HIMES AVE APT 508 TAMPA, FL 33614 <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: Rhudine M. Poole Rhudine M. Poole 10/15/07 (813) 988-5732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2007 OCT 23 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062007 REIN-NP CR2E099 (1/07)

4. FEI Number 562610456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

10/25/07