FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -4 PM 12:48

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000012930

REINSTATEMENT 07-09
B. 6/4/09
100156790451
06/04/09--01036--001 **183.75

CR2E081 (12/08)

1. Corporation Name: Kingdom ministries Network International INC

2. Principal Office Address - No P.O. Box #: 1559 Silversmith Pl
Suite, Apt. #, etc.:
City & State: Orlando, FL
Zip: 32818 Country: Orange

3. Mailing Office Address: P.O Box 580306
Suite, Apt. #, etc.:
City & State: Orlando, FL
Zip: 32858 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 12.20.2006

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: LEBERT MALAHOO
Street Address (P.O. Box Number is Not Acceptable): 1559 Silversmith Place
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32818

[X] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Dr Lebert Malahoo
REGISTERED AGENT MUST SIGN
Date: 6-2-2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DR LEBERT MALAHOO		P.O BOX 580306
			Orlando, FL 32858
D	Gary Grant	- Director	P.O. Box 580306 Orlando, FL 32858
D	Nathan Mercado	- Director	P.O. Box 580306 Orlando, FL 32858
D	Pauline Malahoo	- Director.	P.O. Box 580306 Orlando, FL 32858

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Dr Lebert Malahoo P/D 6.2.2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #