2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Principal Place of Business - No P.O. Box # 170 N DIXON AVE TAMPA, FL 33604 2. Principal Place of Business - No P.O. Box # 2. Mairing Address Suite Apr. #, etc. Co. 202009 REIN-NP CR26099 (1/07) 2. Principal Place of Business - No P.O. Box # 2. Mairing Address Co. 202009 REIN-NP CR26099 (1/07) 2. Principal Place of Business - No P.O. Box # 2. Mairing Address Co. 202009 REIN-NP CR26099 (1/07) 2. Principal Place of Business - No P.O. Box # 2. Mairing Address Co. 202009 REIN-NP CR26099 (1/07) 2. Principal Place of Business - No P.O. Box # 2. Mairing Address Co. 202009 REIN-NP CR26099 (1/07) 2. Principal Place of Business - No P.O. Box # 2. Mairing Address Co. 202009 REIN-NP CR26099 (1/07) 2. Mairing Address of Current Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Principal Place and Address of Current Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Principal Place Co. 202009 REIN-NP CR26099 (1/07) 3. Principal Place Co. 202009 REIN-NP CR26099 (1/07) 3. Principal Place Co. 202009 REIN-NP CR26099 (1/07) 3. Mairing Address of Current Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR26099 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR2609 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR2609 (1/07) 3. Mairing Address of New Registered Agent Co. 202009 REIN-NP CR2609 (1/07) 3. Mairing Address of New Registered Agent Cr2609 REIN-NP CR2609 (1/07) 3. Mairing Address of New Registered Agent Cr2609 REIN-NP CR2609 (1/07) 3. Mairing Address of New Registered Agent Cr2609 REIN-NP CR260	DOCUMENT # N0700002789 1. Entity Name FIRST CALVARY FAMILY LIFE MINISTRY, INC.					FILED 09 FEB 16 PM 2: 24		
Suite. Apt. #, etc. Suite. Apt. #, etc. Coy & State Cay & State A. FEI Number Applied For Mark Applicable	7401 N DIXON AVE		7401 N DIXON AVE			SEURETARY OF STATE TALL AHASSEE, FLORIDA		
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Signed Address of Status Dosino 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name SPECEL & UTRERA, P.A. 1840 SW 22ND ST. 4. The abbove named entity submits the despread for the precessed Library P.S. Ageinstered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligations of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligation agent, or both, in the State of Rords. I am Identity with, and accept the obligation of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligation of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligation of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligation of registered agent, or both, in the State of Rords. I am Identity with, and accept the obligation of Rords. In accordance with a secretary of Rords. In accordan	2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address		15 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062009 R	EIN-NP	CR2E099 (1/07)	
S. Cerricate of Salus Berried 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code The above named only submits the superposet of the process of the Registered Signation of the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligations of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligation of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligation of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligation of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligation of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligation of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligation of registered agent, or both. In the Siste of Florida. Team braillar with, and accept the colligation of registered agent, or both. In the Siste of Florida. 10. OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	City & State		City & State		4. FEI Number			·
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Cry FL Zo Code 8. The above named antity submits the stoppopolic me proposal changing to registered office or registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agant. SP LEGEL To PRESENT mote registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligations of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligation of the obligation of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligation of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligation of the obligation of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligation of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligation of Florida. I am Itamister with, and accept the obligation of registered agent, or both, in the State of Florida. I am Itamister with, and accept the obligation of Florida. I am Itamister with, and accept the obligation of Florida. I am Itamister with,	Zip	Country	Zıp	Country	5. Certificate of	Status Desired		
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SIGNATURE Street Addresses (P.O. Box Number is Not Acceptable)	COLCOL	OUTDEDA DA		Name			,	
B. The above named entity submits this suppress to the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of registered agent. Or both, in the State of Florida, it am familier with, and accept the obligations of Florida. It am familier with, and accept the obligations of Florida. It am familier with, and accept the obligation of Florida. It am familier with, and accept the obligation of Florida. It am familier with, and accept the obligation of Florida. It am familier with, and accept the obligation of Florida. It am familier with, and accept the obligation of Florida. It am familier with, and accept the obligation of Florida. It am familier with, and accept the obligation of Florida. It am familier with, and accept the originative registered agent. Or Florida. It am familier with, and accept the originative registered agent. Or Florida. It am familier with, and accept the originative registered agent. Or Florida. It am familier with, and accept the originative registered agent. Or Florida. It am familier with, and accept the originative r	1840 SW 2	22ND ST.		Street Ad	ldress (P.O. Box Number i	s Not Acceptable)		
8. The above named entity submits the submitted agent. STEEL to bilipations of registered agent. STEEL to bilipations of registered agent. STEEL to the obligations of registered agent. STEEL to the obligation of register	MIAMI, FL	33145		City			Zip Code	9
SIGNATURE BY ANTACTACOUTTERRASSONATE UPPRESTDENT (NOTE. Registered Agent injunture required when referable							· -	
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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: <

Luckner Stimphil, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/09 Date Dayline

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