## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000003098

Title:

Name:

Address:

City-St-Zip:

FILED Sep 30, 2009 Secretary of State

Entity Name: MIRACLE TIME MINISTRIES, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
1930 NW 5: MIAMI, FL :			
Current Mailing Address:		New Mailing Address:	
	NIFER LANE ER, CA 93535		
FEI Number: 26-3154195 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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:			
MITCHELL, VETIA 1930 NW 55TH ST MIAMI, FL 33142 US			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered office	or registered agent, or both,
SIGNATUR	E: VETIA MITCHELL		
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete MITCHELL, VETIA 1930 NW 55TH ST MIAMI, FL 33142	Title: ( ) Cha Name: Address: City-St-Zip:	nge ( ) Addition
Title: Name: Address: City-St-Zip:	VP () Delete MITCHELL, FRANKIE 43221 JENNIFER LANE LANCASTER, CA 93535	Title: ( ) Cha Name: Address: City-St-Zip:	nge()Addition
Title: Name: Address: City-St-Zip:	BM () Delete COOPER, ANNIE 5531 EAST KAVILAND AVE FRESNO, CA 93727	Title: ( ) Cha Name: Address: City-St-Zip:	nge()Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete KNIGHT, JOEY 511 S 29TH CT MIAMI, FL 33020	Title: ( ) Cha Name: Address: City-St-Zip:	nge()Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VETIA MITCHELL PD 09/30/2009

( ) Delete

HAROLD, TANYA SIMON

1930 NW 55TH ST

MIAMI, FL 33142

() Change () Addition