2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2009
Secretary of State

DOCUMENT# N07000003841

Entity Name: LISA TOWE MINISTRIES, INC.

Current Principal Place of Business:

1948 BIG CYPRESS DR
ST. CLOUD, FL 34771

New Principal Place of Business:

1946 LAZY OAKS LOOP
ST. CLOUD, FL 34771

Current Mailing Address:

1948 BIG CYPRESS DR
ST. CLOUD, FL 34771

New Mailing Address:

1946 LAZY OAKS LOOP
ST. CLOUD, FL 34771

FEI Number: 20-8877079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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: LISA ANN TOWE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOWE, LISA A REV
Address: 1948 BIG CYPRESS DR
City-St-Zip: ST. CLOUD, FL 34771

Title: S ( ) Delete
Name: AUSTIN, ELIZABETH REV
Address: 1948 BIG CYPRESS DR
City-St-Zip: ST. CLOUD, FL 34771

Title: T ( ) Delete
Name: WIGGINS, ALLAN REV
Address: 1948 BIG CYPRESS DR
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TOWE, LISA A REV
Address: 1946 LAZY OAKS LOOP
City-St-Zip: ST. CLOUD, FL 34771

Title: S (X) Change ( ) Addition
Name: AUSTIN, ELIZABETH REV
Address: 1946 LAZY OAKS LOOP
City-St-Zip: ST. CLOUD, FL 34771

Title: T (X) Change ( ) Addition
Name: WIGGINS, ALLAN REV
Address: 1946 LAZY OAKS LOOP
City-St-Zip: ST. CLOUD, FL 34771

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.

SIGNATURE: LISA TOWE PRES 10/17/2009

Electronic Signature of Signing Officer or Director — Date