

NO7000005239

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 12 AM 10:49

FILED

T Roberts JUN 18 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kingdom Restoration, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N070000005239

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shurrea C. Daniels
(Name of Contact Person)

Kingdom Restoration, Inc.
(Firm/Company)

6266 1st Ave. SO. #19
(Address)

St. Petersburg, FL 33707
(City/State and Zip Code)

For further information concerning this matter, please call:

Shurrea Daniels at (727) 341-0487
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Kingdom Restoration Inc.
Name of Corporation as currently filed with the Florida Dept. of State

N07000005239
Document Number (if known)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Board of Directors
(Document Type Being Corrected)

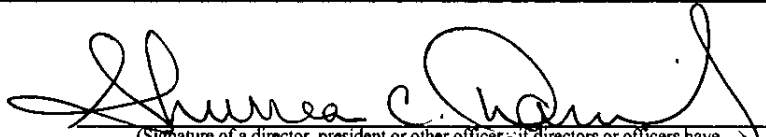
filed with the Department of State on 5-25-07
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Added Krystal Sanders as the President
of the Company. I Shurrea Daniels am
the Founder of Kingdom Restoration Inc
and the Incorporator need to Amend this
File.

Correct the inaccuracy, incorrect statement, or defect:

See Attachment for Correct
Order of Officers.


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Shurrea c. Daniels
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00

Board of Directors

President:

**SHURREA DANIELS
6266 1ST AVENUE SOUTH #19
ST. PETERSBURG, FLORIDA
FOUNDER/CEO**

Vice-President:

**Krystal Sanders
6266 1ST AVENUE SOUTH #19
ST. PETERSBURG, FLORIDA
MEDICAL ASSISTANT**

Director:

**ANGELA HARRIS
7450 30TH STREET NORTH #803
PINELLAS PARK, FLORIDA
YOUTH CARE WORKER**

Director:

**PATRICIA SANDS
3537 BEACH DRIVE SE.
ST. PETERSBURG, FLORIDA
DAY CARE PROVIDER**

Director:

**TAMMI WIGGINS
3835 8TH STREET SOUTH
ST. PETERSBURG, FLORIDA
RESIDENTAL SUPERVISOR**

Director:

**VIRIGINA DANIELS
1343 35TH STREET SOUTH
ST. PETERSBURG, FLORIDA
CERTIFIED NURSING AIDE**