2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011355

FILED Feb 20, 2009 Secretary of State

Entity Name: THE OASIS OF LOVE FAMILY LIFE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

18520 NW 67TH AVENUE 11045 S.W. 16TH STREET

SUITE #374 SUITE #206

MIAMI, FL 33015 PEMBROKE PINES, FL 33025

Current Mailing Address: New Mailing Address:

18520 NW 67TH AVENUE 11045 S.W. 16TH STREET

SUITE #374 SUITE #206

PEMBROKE PINES, FL 33025 MIAMI, FL 33015

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

PHILLIPS, ALFRED J PHILLIPS, ALFRED J 17901 NW 68TH AVENUE, T-204 11045 S.W. 16TH STREET

HIALEAH, FL 33015 SUITE #206 PEMBROKE PINES, FL 33025 US

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: ALFRED J PHILLIPS SR 02/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PHILLIPS, ALFRED J PASTOR PHILLIPS, ALFRED J PASTOR Name: Name: 17901 NW 68TH AVENUE, T-204 Address: 11045 S.W. 16TH STREET, SUITE #206 Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Delete Title: (X) Change () Addition

Name: PHILLIPS, CHARITY L Name: PHILLIPS, CHARITY L Address: 17901 NW 68TH AVENUE, T-204 Address: 11045 S.W 16TH STREET, SUITE #206

City-St-Zip: HIALEAH, FL 33015 City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Delete Title: (X) Change () Addition PHILLIPS, DELORES PASTOR PHILLIPS, DELORES PASTOR Name: Name: 17901 NW 68TH AVENUE, T-204 11045 SW 16TH STREET, SUITE #206 Address: Address:

City-St-Zip: HIALEAH, FL 33015 City-St-Zip: PEMBROKE PINES, FL 33025

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: ALFRED J PHILLIPS SR MR 02/20/2009