## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000012280

Address:

City-St-Zip:

FILED Jul 02, 2009 Secretary of State

			<b>,</b>
Entity Na	me: PRO-KIDS MINISTRIES, INC.		
Current P	rincipal Place of Business:	New Princ	cipal Place of Business:
52 RILEY F CELEBRA	RD., #385 TION, FL 34747		
Current Mailing Address:		New Maili	ing Address:
52 RILEY F CELEBRA	RD., #385 TION, FL 34747		
In accordan		did not receive the prior notic	ce.
Name and	Address of Current Registered Agen	t: Name and	Address of New Registered Agent:
52 RILEY F	TON, STEVE RD., #385 .TION, FL 34747 US	b), F.S., the corporation did not receive the prior notice.  ent Registered Agent:  US  mits this statement for the purpose of changing its registered office or registered agent, or both,  NINGTON  Signature of Registered Agent  RS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  ete  Title:  Name:  Address:  Address:  34747  City-St-Zip:  ete  Title:  () Change () Addition	
	e named entity submits this statement for e of Florida.	the purpose of changing i	its registered office or registered agent, or both,
SIGNATUR	RE: STEVE PENNINGTON		
	Electronic Signature of Registered	d Agent	Date
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P ( ) Delete PENNINGTON, STEVE 52 RILEY RD., #385 CELEBRATION, FL 34747	Name: Address:	()Change ()Addition
Title: Name: Address: City-St-Zip:	V ( ) Delete HUMSTON, SCOTT 1303 LIMIT AVE. MT DORA, FL 32757	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	ST () Delete DELLAS, JIM 1166 CAMDEN HUNT CT. LAWRENCEVILLE, GA 30043	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DELLAS, JIM 1166 CAMDEN HUNT CT. LAWRENCEVILLE, GA 30043
Title: Name:	( ) Delete	Title: Name:	ST ( ) Change (X) Addition ESTEP, MICHAEL R

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.

Address:

City-St-Zip:

52 RILEY RD #385 CELEBRATION, FL 34747

SIGNATURE: MICHAEL R ESTEP S 07/02/2009