2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000001323

City-St-Zip: NORTH LAUDERDALE, FL 33068

Entity Name: MARK GARDNER MINISTRIES, INC.

FILED Oct 15, 2009 Secretary of State

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Current Pr	incipal Place of Business:	New Principal Place	of Business:	
1688 SW 1 PEMBROK	58 AVE E PINES, FL 33027			
Current Ma	ailing Address:	New Mailing Address	New Mailing Address:	
1688 SW 158 AVE PEMBROKE PINES, FL 33027		3941 SW 144 TERRACE MIRAMAR, FL 33027		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
FABIO, HE 1688 SW 1: PEMBROK		MARK, GARDNER 1688 SW 158 AVE PEMBROKE PINES, F	L 33027 US	
The above in the State	named entity submits this statement for the pu of Florida.	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: MARK GARDNER 10/15/2009			10/15/2009	
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete GARDNER, MARK 1688 SW 158 AVE PEMBROKE PINES, FL 33027	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () Delete GARDNER, SHEREE 1688 SW 158 AVE PEMBROKE PINES, FL 33027	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete BELL, NICOLE 5807 HERONVIEW CRESENT DR LITHIA, FL 33547	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete MASHACK, AARON 1609 GREENBROOK DR. AUSTELL, GA 30168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete NICHOLSON, PAUL	Title: Name:	() Change () 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.

City-St-Zip:

SIGNATURE: MARK GARDNER DP 10/15/2009