2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000011124

Entity Name: RABBI LOVE INTERNATIONAL MINISTRY INC.

FILED Nov 05, 2009 Secretary of State

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

318 NE 17TH PL CAPE CORAL, FL 33909

Current Mailing Address: New Mailing Address:

318 NE 17TH PL CAPE CORAL, FL 33909

FEI Number: 30-0554921 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: Name and Address of New Registered Agent:

MORISSEAU, MARIE F 318 NE 17TH PL

CAPE CORAL, FL 33909 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: MORISSEAU MARIE F

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MORISSEAU, MARIE F MORISSEAU, MARIE F Name: Name:

318 NE Address: 318 NE Address:

City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909 US

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

THELUSMA, JOSEPH Name: THELUSMA, JOSEPH Name:

Address: 123 NW 17 ST Address: 123 NW 17 ST CAPE CORAL, FL 33993 US City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip:

SEC. () Delete Title: SEC.

Title: (X) Change () Addition JOHN, CLAUDETTE JOHN, CLAUDETTE Name: Name: 36 BROADWAY CIRCLE 36 BROADWAY CIRCLE Address:

Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901 US

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

EDMON, YLENISE Name: Name: 5001 4TH ST WEST Address: Address: City-St-Zip: City-St-Zip: LEIHT, FL 33971 US

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

JEANINE, SENAT Name: Name: 1705 SOUTH DRIVE Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33907 US

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: MORISSEAU MARIE F Ρ 11/05/2009