PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY -4 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N09000005154
Life Change Ministry Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
344 w Mowry st Homestead	344 W Mowry st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Homestead, FL
Zip: 33030 Country: Dade	Zip: Country:

200202592382
04/19/11--01018--013 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 5/22/2009

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: Reverend Marise A Flavil

Street Address (P.O. Box Number is Not Acceptable): 27030 sw 142 Ave

Suite, Apt. #, Etc.:

City: Homestead | State: FL | Zip Code: 33032

5/5/11
REINSTATEMENT

200202592382
04/19/11--01018--014 **8.75

200202592382
05/04/11--01046--008 **61.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Marise A Flavil — Date: 3/22/2011
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ceo	Alfreid Jean Frank Rev	545 NW22 St	Homestead, FL 33030
VP	Joseph Reginald Rev	16131 SW 125 Ave	Homestead, FL 33032
SC	Louissaint Alix Rev	14542 SW 297 St	Hometead, FL 33033
TR	Eugene Miratel	14530 SW 293 St	Homestead, FL 33030
TR 2	Alfreid Jean	545 NW 22 St	Hmestead, FL 33030

10. **E-mail Address:** reggyj202@yahoo.fr
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Miratel Eugene — 3/22/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #