

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000006609

**FILED**  
**Nov 16, 2012**  
**Secretary of State**

**Entity Name:** KINGDOM INHERITANCE MINISTRIES OF SHABACH INC.

**Current Principal Place of Business:**

12650 GILLESPIE AVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

521 N WASHINGTON STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

12650 GILLESPIE AVE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

521 N WASHINGTON STREET  
JACKSONVILLE, FL 32202

**FEI Number:** 27-4686518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANE, CLINTON L  
3507 LAURA ST  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

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:** CLINTON L LANE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LANE, CLINTON L  
**Address:** 3507 LAURA STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206

**Title:** VP  
**Name:** LANE, DELORIS  
**Address:** 3507 LAURA STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206

**Title:** VP  
**Name:** BROWN, NATASHA  
**Address:** 3507 LAURA STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206

I hereby 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 all other like empowered.

**SIGNATURE:** CLINTON L. LANE

PRES

11/16/2012

Electronic Signature of Signing Officer or Director

Date