
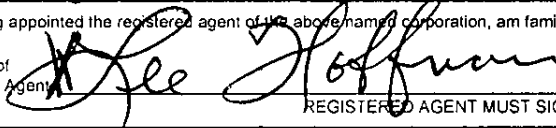
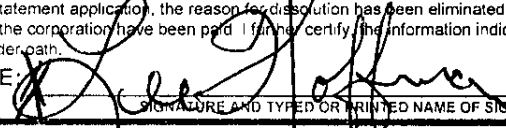


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">10 SEP 10 AM 8:03</div>																												
DOCUMENT # <u>N30748</u> <small>1. Corporation Name</small> <u>Jesus Miracle Chapel, Inc</u>		<div style="text-align: right;">KS</div> <div style="text-align: center;">300185282133 09/10/10--01037--012 ***420.00 CR2E081 (6/10)</div>																												
<small>2. Principal Office Address - No P.O. Box #</small> <u>9090 E. Lenox Bronson Hwy</u> <small>Suite, Apt. #, etc.</small>	<small>3. Mailing Office Address</small> <small>City & State</small> <u>St. Cloud FL</u> <small>Zip</small> <u>34773</u> <small>Country</small> <u>USA</u>																													
<small>4. Date Incorporated or Qualified To Do Business in Florida</small> <u>2-17-89</u>	<small>5. FEI Number</small> <u>65-0089939</u> <small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
<small>7. Name and Address of Current Registered Agent</small> <small>Name</small> <u>Lee Hoffman</u> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <u>9090 E. Lenox Bronson Hwy</u> <small>Suite, Apt. #, Etc.</small> <div style="display: flex; justify-content: space-between;"><div><small>City</small> <u>St. Cloud FL</u></div><div><small>State</small> <u>FL</u> <small>Zip Code</small> <u>34773</u></div></div>																														
<div style="display: flex; justify-content: space-between;"><div><small>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.</small> <div style="display: flex; justify-content: space-between;"><div><small>Signature of Registered Agent</small> </div><div><small>Date</small> <u>9-8-10</u></div></div><div style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></div></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">REINSTATEMENT 07-10</div>																														
<small>9. --Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>D.P.</td><td>Lee Hoffman</td><td>9090 E. Lenox Bronson Hwy</td><td>St. Cloud FL 34773</td></tr><tr><td>D.V.</td><td>Victor Brown</td><td>5300 Starline Dr.</td><td>St. Cloud FL 34771</td></tr><tr><td>D.S.</td><td>Robert Harris</td><td>5535 Osceola Dr</td><td>St. Cloud FL, 34773</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D.P.	Lee Hoffman	9090 E. Lenox Bronson Hwy	St. Cloud FL 34773	D.V.	Victor Brown	5300 Starline Dr.	St. Cloud FL 34771	D.S.	Robert Harris	5535 Osceola Dr	St. Cloud FL, 34773												
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<small>10. E-mail Address:</small> <u>VWBPIANO@aol.com</u> <small>(To be used for future annual report notification)</small>																														
<small>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., 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.</small> <div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE:</small> </div><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>LEE Hoffman, Pres.</u></div><div><small>Date</small> <u>9-8-10</u> <small>Daytime Phone #</small> <u>407.892.5054</u></div></div>																														