PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 09 SEP -8 AMII: 00 DIVISION OF CORPORATIONS DOCUMENT # N36479 1. Corporation Name 3 9/10/09 MENT U(-0 DIVINE LIGHT MINISTRY, INC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2454 PRETTY BAYOU BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 01/31/1990 To Do Business in Florida City & State City & State 5. FEI Number 59-2986469 Applied For PANAMA CITY, FL Not Applicable Country Zip Country Zip 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required BAY 32405 for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in RICHARD L WHITSITT circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable)
2454 PRETTY BAYOU BLVD the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code 32405 PÁNAMA CITY 8. I, being appointed the registered agent of the about amiliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip PANAMA CITY, FL 32405 TMT WHITSITT, RICHARD L 2454 PRETTY BAYOU BLVD 2360 BAYVIEW AVENUE PANAMA CITY, FL 32405 ZAREMBA, VICTOR PANAMA CITY, FL 32404 8528 JAMES STREET Т VINING, PATRICIA ANN PANAMA CITY, FL 32404 923 S JAN DRIVE TS FOREMAN, MARIANNE LYNN HAVEN, FL 32444 1717 COUNTRY CLUB DRIVE TD ABDEL-GHANY, NAIMA LYNN HAVEN, FL 32444 331 MOORE DRIVE Т GRATEFUL, LEONARD

10. 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 filling 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and agourse, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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