PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 04 MAR 11 PM_2: 34 VISION OF CORPORATIONS GE STATE N94 000000 7P0 DRIDA 1. Corporation Name SAMARITAN MINISTRIES INC. 9000 2. Principal Office Address 3. Mailing Office Address 2211 N FIGRIDA AVE 2211 N FLORIDA AV Suite, Apt. #, etc. Date incorporated or Qualified To Do Business in Florida City & State City & State Applied For 5. FEI Number 65-05 Not Applicable \$8.75 Additional Fee required for a Certificate of Status 33600 7. Name and Address of Current Registered Agent Name 000030595810 t EN ELDN Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code FL 33602 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 REGISTERED AGENT MUST SIGN 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 WISHER DORCE YVROSE HILAIRE 8711 N 12Th Street 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 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

RANCOEUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

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FENELON

TAMPA GOSPEL KINGDOM INC.

REV. FRANCOEUR FENELON, PRESIDENT 2211 N. FLORIDA AVE TAMPA, FL 33602 (813) 960-5930 CELL (813)391-1785

Please note: On the reinstatement application, a child makes some marks with a pen after the application was already filled out. I did not have an other form to use, I did not want to use any wipe out as it would create some doubts about what has been written, and I did not want to wait for an other form that would delay the process. But if you need to write anything in that side, please feel free to do so. I am so sorry for any inconvenience.

Sincerely,

Francoeur Fenelon President