

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.										
CORPORATION REINSTATEMENT OF STATE Secretary of State DIVISION OF GORPORATIONS							FILED 04 DEC 13 AM 8: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # N9 600000 2-410 1. Corporation Name Impact Ministries Non-denominational Church InC.							TALLAHASS	EE, FLOI	ATE RIDA	
	2nd Stree 2nd Stree									
2. Principal Office Address 3. Mailing 0 1710 -52nd Street South 1710-52nd						REIJ	Stateme	M C	12-04	
Suite, Apt. #, etc. Suite, Apt. #,				etc.			porated or Qualified iness in Florida	-6-19	996	
City & State -Gulfport-Florida -Gulfport,				FL		5. FEI Numbe		Ar	oplied For	
^{Zip} 33707		Country USA	Zip 33707		Country USA	6.	OF OTATIO DECIDED TO	.75 Additiona for a Certifica	al Fee required ate of Status	
 	7. Name and Address of Current Registered Agent Name Bobby J. Patteson Street Address (P.O. Box Number is Not Acceptable) 2066-7th Avenue South Suite, Apt. #, Etc. City St. Petersburg, 7. Name and Address of Current Registered Agent 11/04/04-010-010-010-010-010-010-010-010-010-0									
.8. I, being			ove named corpo	ration, am fa	amiliar with and accept the	obligations of secti	on 607.0505 or 617.0503, F.S	S.	┶┪	
Signature o Registered		ossy g. Pat	OADON REGISTERED AG	ENT MUST	SIGN		Date Oct 31	y 201	24_	
9. Names	and Street A	ddresses of Each Officer a	nd/or Director (Flo	rida nonpro	fit corporations must list a	t least 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
Mr-	Bobby J. Patterson			2066-7th Avenue South			St. Petersburg, FL 33712			
Mrs.	Dorethia Patterson			2066-7th Avenue South			St. Petersburg, FL 33712			
Mr.	Wayne L. Hilliard			4631-18th Avenue South			St. Petersburg, FL 33711			
Mrs.	Mae A. Hilliad			4631-18th Avenue South			St. Petersburg, FL 33711			
Ms.	Gerri Wiggins			2066 1/2, 7th Avenue south			ST. Petersburg, FL 33711			
Mr.	Robert Bradham			5585 21st Street South, Apt.302			St. Petersburg, FL 33712			
10. I certif	y that I am an	officer or director or the rec	eiver or trustee ei	npowered to	execute this application a	as provided for in cha	apter 607 or 617, F.S. I further	r certify that w	vhen 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #