2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004527

1. Entity Name
SYLVESTER MINISTRIES, INC.

Principal Place of Business
1390 N SEACREST BLVD
BOYNTON BEACH, FL 33445

Mailing Address
114 GARDENS DR
STE. 201
POMPANO BEACH, FL 33069

REINSTATEMENT
202200 REIN NP CR2E099 (6/04)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3355 George Busbee Pkwy
Suite, Apt. #, etc.
#112
City & State
Kennesaw, GA
Zip 30144
Country US

4. FEI Number
65-0719956
Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BANKS, SHELIA
114 GARDENS DR #201
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent
Name Banks, Sheila
Street Address (P.O. Box Number is Not Acceptable)
~~3355 George Busbee Pkwy~~
~~3355 George~~ 1390 N Seacrest Blvd.
City ~~Kennesaw, GA~~ Boynton Beach, FL Zip Code ~~30144~~ 33445

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sheila Banks 12/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	BANKS, SHEILA	NAME	Banks, Sheila
STREET ADDRESS	114 GARDENS DR STE. 201	STREET ADDRESS	1390 N. Seacrest Blvd
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	Boynton, Bch FL 33445
TITLE	DS ☐ Delete	TITLE	DS ☒ Change ☐ Addition
NAME	BANKS, MELINDA	NAME	Banks, Melinda
STREET ADDRESS	1390 N SEACREST BLVD	STREET ADDRESS	17108 Valencia Blvd
CITY-ST-ZIP	BOYNTON BEACH, FL 33445	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	DT ☐ Delete	TITLE	DT ☒ Change ☐ Addition
NAME	BANKS, FANNIE L	NAME	Banks, Fannie
STREET ADDRESS	1390 N SEACREST BLVD	STREET ADDRESS	17108 Valencia Blvd
CITY-ST-ZIP	BOYNTON BEACH, FL 33445	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	☐ Delete	TITLE	AD ☐ Change ☒ Addition
NAME		NAME	Gale Allen
STREET ADDRESS		STREET ADDRESS	3820 Coclebs Ave
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000043693440
STREET ADDRESS		STREET ADDRESS	12/29/04--01025--013 **70.00
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Banks 12/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6