2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# N97000001035

Entity Name: TOMMIE ZITO MINISTRIES, INC.

Current Principal Place of Business:

1823 SW 176 WAY
MIRAMAR, FL 33029

New Principal Place of Business:

333 ARTHUR GODFREY ROAD
SUITE 600
MIAMI BEACH, FL 333140

Current Mailing Address:

P.O. BOX 226377
MIAMI, FL 33122

New Mailing Address:

P.O. BOX 226377
MIAMI, FL 33222

FEI Number: 73-1491050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZITO, TOMMIE J
1823 SW 176 WAY
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

ZITO, TOMMIE J
333 ARTHUR GODFREY ROAD
SUITE 600
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: TOMMIE ZITO 03/23/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ZITO, TOMMIE J
Address: 1823 SW 176 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: DV ( ) Delete
Name: ZITO, KIMBERLY S
Address: 1823 SW 176 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: JENSEN, GALEN
Address: 803 N. AURDAL AVENUE
City-St-Zip: FERGUS FALLS, MN 56537

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMIE ZITO REV 03/23/2007
Electronic Signature of Signing Officer or Director Date