

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001035

FILED  
Dec 07, 2009  
Secretary of State

**Entity Name:** TOMMIE ZITO MINISTRIES, INC.

**Current Principal Place of Business:**

1823 SW 176TH WAY  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 226377  
MIAMI, FL 33222

**New Mailing Address:**

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:**

**Name and Address of New Registered Agent:**

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

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 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: KIMBERLY ZITO

DV

12/07/2009

Electronic Signature of Signing Officer or Director

Date