
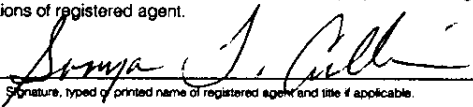
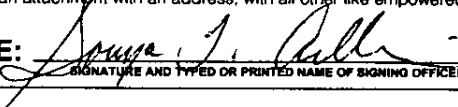


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000003285 1. Entity Name MILK AND HONEY OUTREACH MINISTRIES INC.					
Principal Place of Business 6 E. WRIGHT STREET PENSACOLA, FL 32501			Mailing Address PO BOX 1443 PENSACOLA, FL 32591		
2. Principal Place of Business - No P.O. Box # 31 E. WRIGHT ST.		3. Mailing Address Suite, Apt. #, etc.			
City & State PENSACOLA, FL.		City & State			
Zip 32501		Country ESCAMBIA		4. FEI Number 59-3454711	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CULLIVER, SONYA T 605 WEST LA RUA STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/14/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, 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 NAME STREET ADDRESS CITY-ST-ZIP	CD GAUTZHORN, ALAN 6915A NORTH HIGHWAY #29 MOLINO, FL 32577	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SCHMIDT, SUSAN 4141 MENDEZ DRIVE PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, ROBERT 2290 DUPONT DRIVE PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISSETTE, ELSIE 3800 FLINTWOOD RD PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, NORA 8550-F SCENIC HWY PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORVERY, ANNETTE 1112 CHAVERS STREET PENSACOLA, FL 32534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, ROBERT 3216 SILVERLEAF DR. PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, NORA 500 E ROMANA ST PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/14/07 <small>Daytime Phone #</small> 850 469 8788	

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



10082007

REIN-NP

CR2E099 (1/07)

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REINSTATEMENT

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