PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** FILED SLAFETARY OF STATE Secretary of State WVISION OF CORPORATIONS DIVISION OF CORPORATIONS 01 OCT 22 PM 4: 19 N98000000180 **DOCUMENT #** 1. Corporation Name RIVER OF ABUNDANT LIFE, INC. Principal Place of Business Mailing Address 910 BEVILLE ROAD 910 REVILLE ROAD DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/12/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For -- 59-3485630 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director TRIPLETT, MARCUS DAYTONA BEACH FL 32114 DO 910 BEVILLE RD JOHNSON, STEPHEN E-910 BEVILLE RD DAYTONA BEACH FL 32114 Triplett, Janette D GOINS, CHRISTOPHER 910:BEVILLE RD DAYTONA BEACH FL 32114 100004672151---11/08/01--01011--021 *****61.25 *****61.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name JOHNSON, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 910 BEVILLE RD DAYTONA BEACH FL 32114 Suite, Apt. #, Etc. 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10-17-01 Signature of Registered Agent

11. I cartify that I am an office or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstalement 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 word 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 signeture shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

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| Suite, Apt. | #, e1C. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN T | HIS SPACE | | | - | |
| City & Stat | le | | City & State | | 4. FEI Numb | er 59-3485630 | | olied For Applicable | | | |
| Zip | | Country | Zip | Country | 5. Certificate | of Status Desired | \$9.75 | tional | | | i i i |
| | 6. Name and | Address of Current | Registered Agent | Nama | | Address of New Registe | | | | | |
| JOHNSON, STEPHEN E. MARCUS TRIPLETT | | | | Name | MARCUS Address (P.O. Box Numb | | / - | | | | |
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October 17, 2001

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Harris:

Enclosed is a copy of our Business form and a copy of our check of \$61.25 mailed on 05/24/2001. We are not sure if it was lost in the mail or what. I have enclosed a signed reinstatement form and another check for \$61.25.

Thank you.

Sincerely,

Kathy M. Sweeney
Administrative Asst.