2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# N98000001648

Entity Name: SHEKINAH STREET MINISTRIES INC.

Current Principal Place of Business:

3400 LILLIAN BLVD
TITUSVILLE, FL 32780

New Principal Place of Business:

3312 SO. HOPKINS
TITUSVILLE, FL 32780

Current Mailing Address:

4211 WILL SCARLET DR.
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3649624 **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:

JONES, LILLIAN
4211 WILL SCARLET DR
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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: LILLIAN JONES

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JONES, LILLIAN
Address: 4211 WILL SCARLET DR
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: JONES, KIRK
Address: 4211 WILL SCARLET DR
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: WILLIAMS, TASHA
Address: 112 COURT ST.
City-St-Zip: TITUSVILLE, FL 32780

Title: T ( ) Delete
Name: DE BARTELO, ROBERT
Address: 199 S.W. CHAPMAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

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:

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: LILLIAN JONES VP 10/20/2009

Electronic Signature of Signing Officer or Director — Date