FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # N9800005157 05-12-2002 90684 001 ***210 00 RESTORATION INTERNATIONAL CHURCH MINISTRIES, INC Mailing Address Principal Place of Business 6060 SW 7 ST 273 NW 80TH TERR. MARGATE FL 33063 MARGATE FL 33068 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0865964 Not Applicable \$8.75 Additional Country Zip Zip Country K 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRANT, DENNIS D 273 NW 80TH TERR. MARGATE FL 33063 Zip Code City FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Addition DP Change ☐ Delete TITLE TITLE NAME GRANT, DENNIS D NAME STREET ADDRESS STREET ADDRESS P.O. BOX 770263 N/A CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33077 Change ☐ Addition DVP ☐ Delete TIT! F NAME GRANT, YVONNE NAME STREET ADDRESS STREET ADDRESS P.O. BOX 770263 N/A CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33077 Change Addition TITLE ☐ Delete TITLE NAME NAME CREARY, MARVA STREET ADDRESS. STREET ADDRESS 11985 NW-12TH-STREET-CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MCLEAN, BEVERLY STREET ADDRESS STREET ADDRESS 159 SAN REMO BLVD. CITY-ST-ZIE CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information sopplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 attrichment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

DENNISOD. CIRANT 4/20/02 954-248.5073