PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 JUL 10 PM 1: 32 SECRETARY OF STATE TALLAHASSEE. FLORIDA

DOCUMENT # S9-349r927
N99000001555
1. Corporation Name

God's Dominion Ministry Inc.

500158365005
07/10/09--01050--001 **253.75

REINSTATEMENT 06-09
CR2E001 (12/98)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 43294
1676 Lockend rd	P.O. Box
Suite, Apt. #, etc.	Suite, Apt. #, etc. 43294
City & State Jax, FL	City & State Jax, FC
Zip 32221	Country US	Zip 32203	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 3/12/1999

5. FEI Number S9-349r927   ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒   **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Devonia Mackey

Street Address (P.O. Box Number is Not Acceptable) 1103 Rushing St

Suite, Apt. #, Etc. Jax Dectoon, FL

City Jacksonville | State FL | Zip Code 32209

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Devonia Mackey
REGISTERED AGENT MUST SIGN
Date 7/10/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Devonia Mackey	1103 Rushing St	Jax, FL 32209
O	Anne Herndon	1103 Rushing St	Jax, FC 32209
O	Kashawna Herndon	1817 Whitner St	Jax, FL 32209

10. I certify that I am an officer 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 filing this reinstatement 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 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: Devonia Mackey Devonia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
7/10/09   655-0507
Date   Daytime Phone #