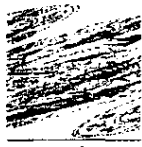


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -8 PM 12:14

DOCUMENT # **N99000001555**

1. Corporation Name

**God's Dominion Ministries
Inc.**

REINSTATEMENT

02-03

2. Principal Office Address

1660 S. Lane Ave #6

Suite, Apt. #, etc.

City & State

Jax

Zip

32210

Country

U.S.

3. Mailing Office Address

P.O. Box 4324

Suite, Apt. #, etc.

City & State

Jax, FL

Zip

32203

Country

U.S.

100023641861

10/03/03--01040--002 **131.25

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/1999

5. FEI Number

59-3498927

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

Devon Mackey

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

2957 Commonwealth Ave

Suite, Apt. #, Etc.

City

Jax

State
FL

Zip Code

32254

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

Devon Mackey

REGISTERED AGENT MUST SIGN

Date

10/6/03

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
President	Devon Mackey	2957 Commonwealth Ave	Jax FL 32254
Officer	Eric Mackey	2957 Commonwealth Ave	Jax, FL 32254
Officer	Beverly Hendon	3750 Ionia St	Jax, FL 32206

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 under section 119.07(3)(f), 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:

Devon Mackey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/03

Daytime Phone #

CP2E081 (10/02)