2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000002087

1. Entity Name
THE ANGEL MINISTRY OF JACKSONVILLE INC.

05 JUN -1 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12477 HIGHVIEW DR
JACKSONVILLE, FL 32225

Mailing Address
8701 HAMPSHIRE GLEN DR S
JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address 12477 Highview Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Jacksonville, Fl
Zip / Country	Zip 32225 / Country USA

105232005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3579830 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALEBVAN, LAURA 12477 HIGHVIEW DR. JACKSONVILLE, FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 06-05 City / FL / Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Laura Malevan 5-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MALEVAN, LAURA	NAME	
STREET ADDRESS	8701 HEMPSHIRE GLEN DR S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MALEVAN, MIKE	NAME	700055590457
STREET ADDRESS	8701 HAMPSHIRE GLEN DR S	STREET ADDRESS	06/01/05--01071--003 **122.50
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DYE, ANA	NAME	
STREET ADDRESS	13041 YAUPON PL	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied 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 or 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 attachment with an address, with all other like empowered.

SIGNATURE: Laura Malevan 5-31-05 904 928-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #