PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00-03

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

New name - Charity Fellowship International Harvest Time ministries Inc. Please note information on sheet for name change

FILED
03 JUL -8 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002227

1. Corporation Name

[redacted]
Trees of Righteousness Harvest Time Ministries, Incorporated

paid all mail

2. Principal Office Address	**3.** Mailing Office Address
43 WEST PARK AVENUE	P.O. BOX 3385
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WALES, FLORIDA	City & State: LAKE WALES, FLORIDA
Zip: 33859 Country: UNITED STATES	Zip: 33859-3385 Country: UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 12, 1999

5. FEI Number: 56-209-4993 ☐ Applied For ☐ Not Applicable

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

Larry Brown

7. Name and Address of Current Registered Agent

Name: LARRY BROWN [illegible] MINISTRIES, INC.

Street Address (P.O. Box Number is Not Acceptable): 116 NORTHSIDE DR. E. APT #3 PARK AVENUE,

Suite, Apt. #, Etc.

06/19/03--01017--006 **455.00

City: LAKE WALES, State: FL Zip Code: 33853

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: Larry Brown — REGISTERED AGENT MUST SIGN — Date: JAN. 21, 2002

CR2E081 (9/00)

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
CHIEF APOSTLE (PASTOR)	(D) LARRY BROWN	116 NORTHSIDE DR. E. APT #3	LAKE WALES, FL. 33853
CO-PASTOR	(T) LINDA HOLLIMAN	130 MADERA DR.	WINTER HAVEN, FL. 33880
BISHOP	(T) STEVE HOLLIMAN	130 MADERA DR.	WINTER HAVEN, FL. 33880
		5.00	900021004119 06/19/03--01017--006 **455.00
		SP 7/8/03	

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)(i), 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.

678-0425

SIGNATURE: Larry Brown - LARRY BROWN 02/21/02 (863) [illegible]0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #