

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVAL
FILED

02 MAY 24 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

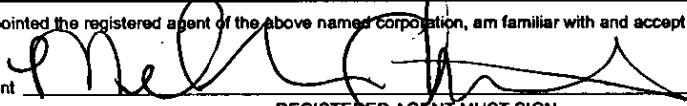
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REINSTATEMENT 2001-2002

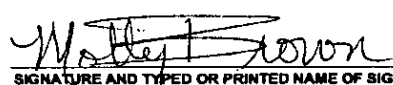
CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000002949 1. Corporation Name River of Joy Ministries, Inc.			
2. Principal Office Address 11306 Portside Drive Suite, Apt. #, etc. City & State Jacksonville, Florida Zip Country 32225 U.S.		3. Mailing Office Address 11306 Portside Drive Suite, Apt. #, etc. City & State Jacksonville, Florida Zip Country 32225 U.S.	

4. Date Incorporated or Qualified To Do Business in Florida 05/10/1999	
5. FEI Number Not Applicable	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name Melissa Christenson Street Address (P.O. Box Number is Not Acceptable) 11306 Portside Drive Suite, Apt. #, Etc. City Jacksonville		236.25 - Adm 61.25 - AR 8.75 - Cert
State	Zip Code	
FL	32225	

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  Date 05/21/2002 REGISTERED AGENT MUST SIGN	
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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
P,D,T	Molly Brown	12666 Ivylena Road	Jacksonville, FL 32225
VP,D,S	Melissa Christenson	11306 Portside Drive	Jacksonville, FL 32225
D	Carolyn Gainey	12666 Ivylena Road	Jacksonville, FL 32225

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.			
SIGNATURE:  Molly Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		05/21/2002 Date	(904) 221-6063 (904) 997-9280 Daytime Phone #

CR2E081 (8/01)