PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ORIDA DEPARTMENT OF STATE Kathe ine Harris Secretary of State FILED DIVISION OF CORPORATIONS N99000007515 DOCUMENT # 01 MAR -2 PH 12: 56 1. Corporation Name SECRETARY OF STATE DEVEAUX MINISTRIES, INC. TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 10710 S.W. 222ND DR. 10710 S.W. 222ND DR. **MIAMI FL 33170 MIAMI FL 33170** 67-21-00 90\$50 014 \$ 700c If above addresses are incorrect in any way, line through incorrect information and enter correction below 4. Date Incorporated or Qualified 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable To Do Business in Florida 12/22/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0984221 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Title(s) 10710 S.W. 222ND DR. MIAMI FL 33170 DEVEAUX, GLENROY D 16100 S.W. 102. Av MIAMI F1. 3315 MIMINI A. 33157 10710 S.W. 222 DI MAM 9 33150 100003828421--1 -03/09/01--01086--009 -8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent DEVEAUX, GLENROY Street Address (P.O. Box Number is Not Acceptable) 10710 S.W. 222ND DR. Suite, Apt. #, Etc. MIAMI FL 33170 State | Zip Code ve named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. I, being appointed the registered agent Signature of Date 10-12-00 Registered Agent REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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THE PROVE IS A CORY OF OUR PER OF #7000Which you have DELOSITED.

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