

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000057436 1. Entity Name KINGDOM BUILDERS, INC. OF TALLAHASSEE			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 10 OCT 11 PM 3:38
Principal Place of Business 3823 WIGGINGTON RD TALLAHASSEE, FL 32303		Mailing Address 3823 WIGGINGTON RD TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box # Suite, Apt., etc. SAME		3. Mailing Address Suite, Apt., etc. 2217 YAUPOW RD.	
City & State TALLAHASSEE, FL		4. FEI Number 59-3240645	
Zip 32303		Country LEON	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM, INC 813 DELTOMA BLVD STE A BOX 134924 DELTOMA, FL 32725		7. Name and Address of New Registered Agent Name ROBERT Y. FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) SAME 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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$750.00 After January 1, 2011, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete FERNANDEZ, ROBERT Y 3823 WIGGINGTON ROAD TALLAHASSEE, FL 32303 2217 YAUPOW RD	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, ROBERT Y 3823 WIGGINGTON ROAD TALLAHASSEE, FL 32303 2217 YAUPOW RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP FERNANDEZ, SUSAN H 3823 WIGGINGTON ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, SUSAN H 3823 WIGGINGTON ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000186555 10/12/10--01001--004 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 liquidator thereof; to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an Attachment with the same authority as all other like empowered.			
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
_____		_____	
_____		_____	

REINSTATEMENT