


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

07 SEP -5 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD6000151016

1. Corporation Name
MILLENNIUM MEGA CODE READY Ministry, INC.

2. Principal Office Address - No P.O. Box # <u>3440 NW 96 St.</u>	3. Mailing Office Address <u>P.O. Box 1102</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Miami FLORIDA</u>	City & State <u>DPA LOCKA FLA.</u>
Zip <u>33147</u>	Zip <u>33054</u>
Country <u>DADE</u>	Country <u>DADE</u>

CR2E081 (1/07)
05-14-07 90090 023 \$150.60

4. Date Incorporated or Qualified To Do Business in Florida <u>12-07</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>74-3228692</u>	
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 <u>JENKINS MARGARET TREE ANGEL</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1951 WASHINGTON AVE.</u>
Suite, Apt. #, Etc.
City <u>DPA LOCKA</u>
State <u>FL</u>
Zip Code <u>33054</u>

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 <u>Margaret Tree Angel Jenkins</u>	Date <u>08-27-07</u>
REGISTERED AGENT MUST SIGN	

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
CEO	JENKINS MARGARET TREE ANGEL	P.O. Box 1102	DPA LOCKA FL, 33054

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 contained in Chapter 119, 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: <u>Margaret Tree Angel Jenkins</u>	Date: <u>08-27-07</u>	Daytime Phone #: <u>305-6938465</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		