

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -7 PM 2:44

DOCUMENT # *P08000041320*

1. Corporation Name

Kingdom Ventures, Inc.

000181951150
06/10/10--01002--025 **250.00

KS

REINSTATEMENT *09-10*
CR28081 (6/10)

2. Principal Office Address - No P.O. Box #

599 Windswept Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Freeport, FL

City & State

Zip

32439

Country

usa

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 4-24-2008

5. FEI Number

26-2468569

☐ Applied For☐ Not Applicable

6.

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

7. Name and Address of Current Registered Agent

Name

James C. Palmer

Street Address (P.O. Box Number is Not Acceptable)

599 Windswept Blvd.

Suite, Apt. #, Etc.

City

Freeport

State

FL

Zip Code

32439

*See ATTACHED*000181951150
06/27/08--90154--009 **50.00

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*James C. Palmer*

REGISTERED AGENT MUST SIGN

Date *6-10-2010*

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
sec.	Mari G. Palmer	599 Windswept Blvd.	Freeport, FL 32439
P	JAMES C. PALMER	599 WINDSWEPT BLVD.	FREEPORT, FL 32439

10. E-mail Address: *kvi@kvi.gccoxmail.com*

(To be used for future annual report notification)

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. I further certify 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:

James C. Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-2010 *850-238-5083*

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2010

KINGDOM VENTURES INC.
C/O JAMES PALMER
599 WINDSWEPT BOULEVARD
FREEPORT, FL 32439 US

SUBJECT: KINGDOM VENTURES INC.
Ref. Number: P08000041320

We have received your document for KINGDOM VENTURES INC. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate without penalty is \$300.00.

There is a balance due of \$250.00. If a certificate of status is desired, please add an additional \$8.75

As per our conversation, I held the check for \$100.00 for a month. To this date we still have not received an up to date voucher or remaining balance. So, I am returning your paperwork along with your check.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Karen A Saly
Regulatory Specialist II

Letter Number: 710A00012626