PLEASE READ ALL INSTRUCTIONS BEFERE COMPLETING THIS FORM.

COR	RPORATION) s	DEPARTMENT OF STATE ecretary of State		SECRETARY OF STATE DIVISION OF CORPORAL SESSENS		
DOCUMENT # P99000083565 1. Corporation Name Freshstart Ministries, Inc.							
2. Principal Office Address 391 Rosalind Lane Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		20001297352 03/28/0301053020 **150.00			
				4. Date Incorporated or Qualified To Do Business in Florida 9/13/1999			
City & State	nar, Florida	City & State		5. FEI Number Applied For 59-3718572 Not Applicable			
Zip /: 34677	Country	Zip	Country	6.	185 / 2 Not Applic E OF STATUS DESIRED \$8.75 Additional Fee re for a Certificate of Sta	quired	
,		7. Na	ame and Address of Current Register	ed Agent			
	Name Scott A Welch Street Address (P.O. Box Number is Not Acceptable)				200012973552 02/21/83 01111-007 **150. 00		
	Suite, Apt. #, Etc.						
	^{City} Oldsmar			State Zip Code FL 34677			
8. I, being Signature of Registered	Agent	ove named corpor		bligations of secti	ion 607.0505 or 617.0503, F.S. Date 02/12/2003	CR2E081 (10/02)	
9. Names	and Street Addresses of Each Officer ar	d/or Director (Flor	_ 	<u>_</u>	1		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D	Scott A Welch		391 Rosalind		Oldsmar, FL 34677		
			72-03	URR	78	 	
	<u> </u>						
10. I certify this reir owed b on this	nstatement application, the reason for dis by the corporation have been paid and the application is true and accurate and try to TURE:	solution has been names of individual significations	powered to execute this application as perminated, the corporate name satisfies its listed on this form do not qualify for a e the same legal effect as if made under Scott A. Welch	the requirements an exemption und roath.	apter 607 or 617, F.S. I further certify that when filin s of section 607.0401 or 617.0401, F.S., that all feet der section 119.07(3)(i), F.S. The information indicat 02/12/2003 813-925-8575	9 s ed	
	ON DESCRIPTION OF THE PORT OF THE	**************************************	GIRING OFFICER OR DIRECTOR		Date Daytime Phone #		