

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 DEC 23 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006791

1. Corporation Name
WORD OF HOPE INTERNATIONAL MINISTRIES, INC.

REINSTATEMENT 02-03
600025715986
12/23/03--01015--004 **306.25

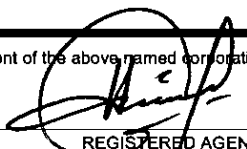
2. Principal Office Address 4394 Summertree Rd., Suite, Apt. #, etc.		3. Mailing Office Address 4394 Summertree Rd., Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Venice, Florida	
Zip 34293	Country Sarasota	Zip 34293	Country Sarasota

4. Date Incorporated or Qualified To Do Business in Florida 09/25/01	
5. FEI Number 65-1143395	Applied For Not Applicable
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 Viktor Antipov	
Street Address (P.O. Box Number is Not Acceptable) 4394 Summertree Rd.,	
Suite, Apt. #, Etc.	
City Venice	State FL
	Zip Code 34293

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.

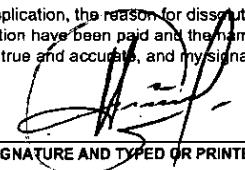
Signature of Registered Agent  Date 12/15/2003

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
P/D	Viktor Antipov	4394 Summertree Rd.,	Venice, FL, 34293
D	Lyubov Antipov	4394 Summertree Rd.,	Venice, FL, 34293
D	Valeriy Antipov	393 Randolph Rd.,	Venice, FL, 34293

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 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:  Viktor Antipov Date 12/15/2003 Daytime Phone # (941)270-7395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)