PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 30 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # N02000002505

1. Corporation Name

DESTINED TO WIN FAMILY WORSHIP CENTER, INC

2. Principal Office Address	3. Mailing Office Address
1304 S.W. 160TH AVE	1304 S.W. 160TH AVE
Suite, Apt. #, etc.: SUITE #146	Suite, Apt. #, etc.: SUITE #146
City & State: SUNRISE FL	City & State: SUNRISE FL
Zip: 33326 Country: BROWARD	Zip: 33326 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 04/05/02

5. FEI Number: 75-3041939 ☐ 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: ANGELA GWILLIAM

Street Address (P.O. Box Number is Not Acceptable): 3901 SW 58TH STREET

100023419061
09/30/03--01025--025 **236.25

Suite, Apt. #, Etc.:

City: DIANA BEACH | State: FL | Zip Code: 33312

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: X Angela Gwilliam — REGISTERED AGENT MUST SIGN — Date: 9-22-03

CR2E081 (10/02)

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 Officers and/or Director	City/State/Zip
D	ANGELA GWILLIAM	3901 SE 58 STREET	DANIA BCH, FL 33312
D	WAYNE GWILLIAM	3901 SE 58 STREET	DANIA BCH, FL 33312
D	BEN GWILLIAM	3105 NE 184TH STREET #7104	AVENTURA, FL 33160

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: Angela Gwilliam ANGELA GWILLIAM — 9/23/05 — 954-893-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1

9/30