## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	E page 11 a	and the second s	<del></del> 1			
CORPORATION REINSTATEMENT	Se	DEPARTMENT OF STA	ATE (	DIVISION OF CORPORATIONS  13 MAY 19 AM 11: 17		
DOCUMENT # N970000 458)				13 AMII: 17		
Victory Is 1	Vine	Temple IN		30019837991 /0301029011 **48	31.25	
2. Principal Office Address  53 58 13 ± 57  Suite, Apt. #, etc.	3. Mailing Office 3845 U	whispering Pine (	TR.			
City & State  MALONE, FLORIDE	City & State	·		Business in Florida Aug 11997  Applied For  Not Applicable		
MALONE, FLORIDE Zip Country 32445 JACKSON	3244	3 TACKSON	6. CERTIFICATE	OF STATUS DESIRED S8.75 Addit	ional Fee required	
		ne and Address of Current R			al Harmond	
Name Rahla CA	- 100	G-ho-				
Street Address (P.O. Box Number is N 38 45 Whis Suite, Apt. #, Etc.	lot Acceptable)	OFFICE	7. (			
3845 Whis	pering	Pines C	irde			
Suite, Apt. #, Etc.	1					
City Green w.s	0			State Zip Code S 2443		
8. I, being appointed the registered agent of the ab	ove named corpora	ition, am familiar with and acce	ept the obligations of sec	tion 607.0505 or 617.0503, F.S.		
Signature of Registered Agent But By C-R	HOL EGISTERED AGEN	Or MUST SIGN		Date 0,5-18-2003	, <u> </u>	
9. Names and Street Addresses of Each Officer ar	nd/or Director (Florid	da nonprofit corporations must	list at least 3 directors)			
Titles Name of Officers and/or Directors	s	Street Address of Each Officer and/or Director		City / State / Zip		
Bishop Bobby Charles E	praham	3845 Whispe	ting Pive (Te	Greenwood, Fl	32443	
Barbara AN	N Braham	3845 Whit	Daring Pive G	a Greenwood	FC.3244	
Deacon JARROD Gra	some5	3845 Whis p	eringfineGa	ye Green wood	FC32483	
Pastor Jerone Nichal	5010	4165 Billingsle	4. Lane #6	Green wood	FLBZYY	
Teacher Julius Smit	th _	5234 10 th A	re	MALONG FL 3.	2445	
		_		,		
10. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my	solution has been e names of individua	lliminated, the corporate name als tisted on this form do not qu	satisfies the requirement alify for an exemption un	s of section 607.0401 or 617.0401, F.S	i., that all fees	
SIGNATURE: BIShop	3. C. G.	aham	05-18-2	<del></del>		
SIGNATURE AND TYPED OR PR	IN IED NAME OF SIG	NING OFFICER OR DIRECTOR		Date Daytime Phone	e#  \	

To whom it may concern

I did not receive the forms for

the year of 1998 And I am isking

you to write the \$175° Rein statement

fee. we have more to adifferent

Location.

B. Shop B. C. Grata 5-19-03