

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

98-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006631

1. Corporation Name

LIVING WATERS MINISTRIES OF ST. CLOUD, FLORIDA
INC.

2. Principal Office Address

2473 Michigan Avenue

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34744

Country

USA

3. Mailing Office Address

1617 Orange Avenue

Suite, Apt. #, etc.

City & State

Saint Cloud

Zip

34769

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-24-1997

5. FEI Number

20-0053255

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

Rev. Larry D. Odom

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

1617 Orange Avenue

500021241345
07/01/03--01042--017 **37 .50

Suite, Apt. #, Etc.

City

Saint Cloud

State

FL

Zip Code

34769

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

Larry D. Odom

REGISTERED AGENT MUST SIGN

Date June 27, 2003

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
Pres.	Rev. Larry D. Odom	1617 Orange Avenue	Saint Cloud, FL 34769
V. Pres	Leila A. Odom	1617 Orange Avenue	Saint Cloud, FL 34769
Treas.	April Betts	978 Derbyshire Drive	Ponciana, FL 34758
Trust.	Faithe L. Pauling	2017 Kelly Avenue	Kissimmee, FL 34744

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:

Larry D. Odom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/2/03

LIVING WATER MINISTRIES OF ST. CLOUD FLORIDA, INC

Rev. Larry D. Odom, Founder, Pastor

June 29, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

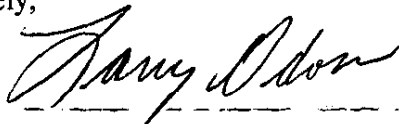
Subject: REINSTATEMENT FEES

To Whom It May Concern:

As your records will indicate, forms mailed our organization were returned undeliverable when mailed to us in 1998. Therefore we did not receive any annual report forms from your office.

The corporation reinstatement form and the appropriate fees have been attached with this letter.

Sincerely,



Rev. Larry D. Odom
President

Church Mailing Address: 1617 Orange Avenue, Saint Cloud, FL 34769

Church Address: 2473 Michigan Avenue, Kissimmee, FL 34744

Phone: 407-892-6580

Cell: 407-361-1715