PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 10: 20

DOCUMENT # n98000005159

1. Corporation Name
Truth Worship Center, Inc.

REINSTATEMENT 04-05

900061759489
11/29/05--01062--010 **297.50

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
16400 NW 15th AVE	16400 NW 15th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Gardens, FL	City & State: Miami Gardens, FL
Zip: 33169 Country: USA	Zip: 33169 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/10/98

5. FEI Number: 650862492 ☐ 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: James E. Wright, Jr
Street Address (P.O. Box Number is Not Acceptable): 16400 NW 15th AVE
Suite, Apt. #, Etc.:
City: Miami Gardens State: FL Zip Code: 33169

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: James E. Wright, Jr. Date:
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
PD	James E. Wright, Jr.	811 NW 119th St	Miami FL 33168
VD	Jaqueline S. Wright	811 NW 119th St	Miami FL 33168
STD	Sullie M. Kemp	811 NW 119th St	Miami FL 33168
CBM	James E. Wright, Sr	811 NW 119th St	Miami FL 33168
CBM	Ella K. Wright	811 NW 119th St	Miami FL 33168
CBM	Willie Kemp	811 NW 119th St	Miami FL 33168

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: James E. Wright, Jr. / James E. Wright, Jr. 305 628-0982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #