


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -7 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N 99000006392

1. Corporation Name
OVERCOMERS WORKSHIP CENTER, INC.

2. Principal Office Address 292 N. MAGNOLIA DRIVE Suite, Apt. #, etc. —		3. Mailing Office Address S A M E Suite, Apt. #, etc.	
City & State TLH, FL		City & State	
Zip 32301	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/99

5. FEI Number 91-3599778
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
Dr. Demetrius A. Colby

Street Address (P.O. Box Number is Not Acceptable)
6540 CEDAR CHASE WAY

Suite, Apt. #, Etc.
—

City TLH State FL Zip Code 32311

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 *[Signature]* Date 10/6/04

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
PRES / CEO	DEMETRIUS A. COLBY 6540 CEDAR CHASE WAY	6540 CEDAR CHASE WAY TLH, FL 32311	TLH, FL 32311
D	GEORGIA COLBY	3520 OLD BRIMBRIDGE RD #292	TLH, FL 32312
D	ELICIA AN COLBY	6540 CEDAR CHASE WAY	TLH, FL 32311

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: *[Signature]* Date 10/6/04 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

202

10/6/09

TO WHOM IT MAY CONCERN;

PLEASE RE-INSURE OUR COOPERATION AT THIS TIME. WE

DID NOT RECEIVE OUR RETURN FORM IN THE MAIL.

Sincerely,

X 