PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709527

1. Corporation Name

Living Words, Inc.

2. Principal Office Address	3. Mailing Office Address
1580 Murdock Rd	~~1580 Murdock Rd~~ 1580 Murdock Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marietta, GA	City & State: Marietta GA 30062
Zip: 30062 County: Cobb	Zip: 30062 County: Cobb

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 7/25/83

5. FEI Number: 581291607 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

200003851202--4
-03/13/01--01106--003
*****297.50 *****297.50
200003851202--4
-03/13/01--01106--004
*****8.75 *****8.75

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] REGISTERED AGENT MUST SIGN Date: 2-22-01

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
DP	Charles B Fulton, Jr	580 Murdock Rd.	Marietta, GA. 30062
D-V	Judith B. Fulton	"	"
DS	Cheryl F. Mosley	"	"
D	Susan Osgood	1540 Tennessee Walker Dr	Roswell, GA 30075
			LS

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] Charles B. Fulton, Jr 2/20/01 770-714-8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #