## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	F!LED 08 APR 23 PH 1: 35
DOCUMENT # NO000000045		Î î
1. Corporation Name Walking in Victory Minis:	tries Church of God In Ch	700074462337 05/12/0601006025 **542.00
2. Principal Office Address	3. Mailing Office Address	1
10875 SW Quail Roost Drive	1	CR2E081 (8/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified     To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
Miami, FC Zip Country	Zip Country	6
33177 USA		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  I GO S 3 5 W 11 COURT  Suite, Apt. #, Etc.  City  City  Tami  State  Tip Code  FL  Tip Cod		
Signature of Registered Agent 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
Plo Charles Po He	RSON 10875 SW Quail Ro	
D/s Ruby James		post Prine Mami, FC 33/17
DIT VERONICA How	ard 10875 sw quail R	post Dohe Miaml, FL 3317)
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 filling 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:    10		