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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -9 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000003158

1. Corporation Name
Living word Family Life Center

2. Principal Office Address
4601 Judy Ct
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 560245
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA
Zip
32839
Country
USA

City & State
ORLANDO, FLORIDA
Zip
32856
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 5/12/2000

5. FEI Number
59 364 4697
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

002000028512

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01-00

7. Name and Address of Current Registered Agent

Name
Lonnie Hagen
Street Address (P.O. Box Number is Not Acceptable)
4601 Judy Ct
Suite, Apt. #, Etc.

100008401981
10/16/02--01049--014 **131.25

City
ORLANDO

State
FL
Zip Code
32839

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 9/27/02

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
P/C/D	Lonnie Hagen	PO Box 560245	ORLANDO, FL 32856
V/S/D	Floralice Shindoll	4601 Judy Ct	ORLANDO, FL 32839
T/D	Nicole Hagen	PO. Box 560245	ORLANDO, FL 32856
D	Gary Dieschbourg	522 S. Hunt Club Blvd	APOPKA, FL 32703
D	Jose Villaiba	115 Lindenwood Ln	KISSIMMEE, FL 34743

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/02 407 927 5582
Date Daytime Phone #

CR2E081 (9/01)

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LIVING WORD FAMILY LIFE CENTER INC.
P. O. BOX 560245, ORLANDO, FL 32856

9/27/02

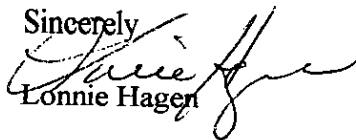
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

We have failed to receive the annual (UBR) after we changed to a new address. We regret not following up with the State to notify of our change of address. Please accept this notice as our desire to be reinstated as a Florida Corporation. We have included the reinstatement form along with the fees of \$122.50 plus the \$8.75 for certificate of status that we were quoted by your examiner. If there is any questions please call me at 407 927 5582.

Thank You

Sincerely


Lonnie Hagen

OFFICE 407 927 5582

**PASTOR
LONNIE HAGEN**

FAX 817 268 7789

**SECRETARY
FLORALEE SHINDOLL**