

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2002 MAY 14 PM 5:59

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N00000004755

1. Corporation Name

True Vine Ministries U.S.A., INC.

2. Principal Office Address

2201 Rifle Range Rd.

Suite, Apt. #, etc.

City & State

Winter Haven FL

Zip

33880

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 14, 2000

5. FEI Number

31-1738288

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

Teresa Turner

Street Address (P.O. Box Number is Not Acceptable)

2124 Rifle Range Rd.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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 1-29-02

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
D/P	Teresa Turner	2124 Rifle Range Rd	Winter Haven FL 33880
V/P/D	Susie Billings	2201 Rifle Range Rd	Winter Haven FL 33880
T/D	Connie Pittman	2201 Rifle Range Rd	Winter Haven FL 33880
<p>REINSTATEMENT 01-02</p> <p><i>LFT 5-16-02</i></p>			

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] Teresa Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-02

Date

863-537-3576

Daytime Phone #

CR2E081 (9/01)