CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FIL.ED 06 AUG 18 PM 1: 32
DOCUMENT # N000000 6 9 9 5 1. Corporation Name		THE ROLL OF STATE
World for Christ Ministries, INC.		
2. Principal Office Address	3. Mailing Office Address	
9999 Summerbreeze Dr.	P.O. Box # 590701	RELIEF PERSON CONTROL OF
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite # 204		4. Date Incorporated or Qualified To Do Business in Florida 10 - 19 - 00
City & State	City & State	5. FEI Number Applied For
Suwrise Florida Zip Country	Zip Country	65 - 10 49 309 Not Applicable
33322 U.S.R.	33359 U.S.A.	GERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Rooseve / + Co x Jr 300078991463 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 03/22/U6-01024-012 **3/6.25		
3520 N.W. 35 th Terrace Suite, Apt. #, Etc.		
City hauderdale hakes State Zip Code FL 33309		
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 REGISTERED GENT MUST SIGN		Date <u>8-/7-06</u>
9. Names and Street Addresses of Each Officer ar	nd/or Director (Florida nonprofit corporations must list at le	least 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
PD Roosevelt Cox, Jr 3520 N.W. 35th Terrace hauderdale hakes, Fl. 33309		
VD bust D. Javis	P.O. Box 1173	Trenton, N.J. 08606
SD Bernadine yileseneste 51 clifton Aue. # 9/4 Newark, N.J. 07/04		
T) Rowena Grah	m 117 scherrer	Ruenue Newark N.J. 07/12
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 contained in Chapter 119, 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: **Zoosusett** CwO*** **W		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		





To whom it may concern:

This letter is written on behalf of World For Christ Ministries, Inc. (document #N0000006995)

This letter is a request for reinstatement of the ministry name and for reinstatement fees to be waived due to non received annual report notices. (2001-2006)

We thank you in advance for acknowledgement of this letter and our efforts to rectify this matter expeditiously.

Thank You,

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