PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED
DOCUMENT # 100000	0007199	02 MAY 31 PM 3: 36
1. Corporation Name THE WORD	of GOD Christian west kendall In	SECRETARY OF STALE
CHURCH-06	-MESI-PUDUIT TIM	TAREAHASSEE TLOPPEA
	,	REMOIN LIVERS
2. Principal Office Address	3. Mailing Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida  / O - 27 - O
Zip Country		5. FEI Number 65-1053787 Applied For Not Applicable
33173 Dade	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent 10005766461—6		
TOONEOO GUSTAVO E		
10/1950 72015T 61.25-AC		
City		
N. 110M1   State   Zip Code   73		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 603-0505 or 617.0503, F.S.  Signature of		
Registered Agent REG	ISTERED AGENT MUST SIGN	Date 3/7/0 2
	r 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
PO Sugez, Son	101/70W 7	2 ST Miami F/33173
VD KOJOS JOS	DE 10175W72	ST Mam 1 F   33173
vD Pacheco, Gas	Stavo 101175W72	5T Mam F/33173
D Suarez Koto	herine 101170W 72	ST 1 1 1000 1 F 1 3 3 1 7 3
FD-GARCIA-MAC	01-10117511729	ST Warmi Flaara
D Pacheco, FOTI	MO 10117 XW 725	T Miamiel 33173
10. Leartify 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 owed by the corporation have been partial on the names of individual sized on this form to application of section 607,0401, or 617,0401, F.S., that all fees		
owed by the corporation have been bald and the nam	nes of individuals listed on this form do not qualify for an extreme satisfies the state of individuals listed on this form do not qualify for an extrure shall have the same legal effect as if made under oat	requirements of section 607,0401, or 617,0401, F.S., that all feas
SIGNATURE:		3/2/00
	D NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Attachment NO00007199 2081

THE WORD OF GOD CHRISTIAN CHURCH OF WEST KENDALL, INC. 10109 SW 72 ST MIAMI, FL 33173 (305) 380-1047

Wednesday, February 13, 2002 .

DEPARTMENT OF STATE DIVISION OF CORPORATION PO BOX 1500 TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT #N00000007199

We are in receipt of the second request to pay the annual dues for our non-profit corporation. We never received any of the prior notices due to the fact that the address on record is incorrect.

Please, we did not intentionally filed late because we never received any correspondence from your department by the post office. We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$61.25. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

GUSTAVO PACHECO - PRESIDENT