


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">CORPORATION</div><div></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 03 MAY -8 AM 11:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N00000007758			
1. Corporation Name Living Faith, Inc			
2. Principal Office Address 7401 Laws Rd <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address P.O. Box 120399 <small>Suite, Apt. #, etc.</small>	4. Date Incorporated or Qualified To Do Business in Florida 11-17-2000	
City & State Clermont, FL	City & State Clermont, FL	5. FEI Number 59-3697896	
Zip 34712	Country U.S.	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$375 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
<div style="display: flex; justify-content: space-between;"><div>Name James Sloan Street Address (P.O. Box Number is Not Acceptable) 7324 Gano Rd Suite, Apt. #, Etc.</div><div>800018475428 05/08/03--01014--018 **183.75</div></div>			
<div style="display: flex; justify-content: space-between;"><div>City Grove land</div><div style="text-align: right;">State FL</div><div style="text-align: right;">Zip Code 34736</div></div>			
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 <i>James Sloan</i>		Date 4-25-03	
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
President	James Sloan	7324 Gano Rd	Grove land, FL 34736
V. President	Mary Ann Koon	2311 Palmetto Pl.	Ft. Mill, SC 29708
Secretary	Paul Keck	P.O. Box 8142	Landis, NC 28088
OF-03 TS			
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.			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <i>James Sloan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>Date 4-25-03</div><div>Daytime Phone # 352-394-1779</div></div>			

CR2E081 (10/02)