PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| | RPORATION STATEMENT | Sec | PARTMENT OF STATE retary of State | | FILED | ì |
|--|---|---------------------|---|----------------|---|--------|
| DOCUMENT # 100000008 493 | | | | | SECRETĀRY OF STATE TALEXHASSEE, FLORIDA | , 1 |
| Spirit | ual Warfare TLANING | Institu | le Church, In | d | | |
| | | 3. Mailing Office | Office Address OB/2 | | DOO22582803 5/0301052026 **376.25 | |
| | | Suite, Apt. #, etc. | , etc. | | porated or Qualified 12/26/00 | |
| City & State City & State | | 1 * | To Do Bus | | ness in Florida | 【 |
| <u> </u> | | | Zip Country | | 4213 Applied Fo | |
| 3335 | | 33351 | USA | G. CERTIFICATE | OF STATUS DESIRED X \$8.75 Additional Fee reg | |
| 7. Name and Address of Current Registered Agent Name Christopher H. McCray | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 5367 Nob H111 Road Suite, Apt. #, Etc. | | | | | |
| ;£ | CHy Sunri/se | | | | State Zip Code FL 33351 | |
| 8. I, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 7-9-0-3 REGISTERED AGENT MUST SIGN | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors). | | | | | | |
| Titles | Name of Officers and/or Directors | | Street Address of Ea Officer and /or Direc | | City / State / Zip | |
| SEC | CaLana Love | 82 | 201 NW 100th Driv | re . | Tamarac FL 33321 | |
| TRSR | Deborah Chipman | | 781 Gallop Drive | | Loxahatchee FL 33470 | |
| TRST | Alvin Chipman | 78 | 31 Gallop Drive | | Loxahatchee FL 33470 | |
| TRST | Faye Flanagan | 25 | 003 Nob Hill, Bld | g.199 #304 | Sunrise FL 33322 | |
| CHFED | Glenda Moton | 14 | 30 NE 151 St. | | N. Miami Beach FL 33162 | |
| TRST | Jennifer Thompson | 94 | 63 Swansea Lane | | Royal Palm Beach FL 334 | 11 |
| 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 itsted 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 be a the same legal effect as if made under oath. SIGNATURE: SIGNATURE: Daytime Phone # | | | | | | |



Pastor C.H. McCray 5367 Nob Hill Road Sunrise FL 33351 954.748.4455 954.796.9221 (f)

August 1, 2003

VIA US POSTAL SERVICE

Mr. Tyrone Scott, Document Specialist Department of State DIVISION OF CORPORATIONS 409 E. Gaines Street Tallahassee FL 32399

Re: Letter Number 903A00041850

Dear Mr. Scott:

Please find enclosed the returned Corporation Reinstatement form for Spiritual Warfare Church & Training Institute, Inc. (formerly Spiritual Warfare Training Institute Church, Inc.). Also attached is a check for \$376.25 for due reinstatement fees, one (1) Certificate of Status, and one (1) certified copy.

Initially, upon inquiry regarding procedures to request Reinstatement Fee Waiver, we were not informed that such is considered only when the annual report/uniform business report has not been properly delivered. With further inquiry after receiving your letter, we now understand the aforementioned to be policy.

Ms. Pamela Smith, document specialist for the Division's Amendment Section, should be in receipt of Articles of Amendment to Articles of Incorporation. Please contact us should you need further information. Thank you for your time.

15367 Nob Hill Road wres Syntiso, Fl. 33351

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