PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	TALLAHASSEE, FLORIDA 04 JUL - 1 PH 12: 12
DOCUMENT # WO 100000 1. Corporation Name WORLD VICTORY Overcoming For	•	
2. Principal Office Address 2041 W. Howard Place Suite, Apt. #, etc.	3. Mailing Office Address SAME Suite, Apt. #, etc.	REINSTATEMENT 02-04 Solution of the state o
CITRA SPRINGS, FZ Zip Country 34434 USA	City & State CITRA SPRINGS, FZ Zip Country 34434 USA	To Do Business in Florida 2/16/200/ 5. FEI Number 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 STEVEN SAWYER Street Address (P.O. Box Number is Not Acceptable) 2041 W. HOWARD PLACE: 07/12/04-01045-014 **184.00 Suite, Apt. #, Etc. City City State City State State State State State The State State State State State State State State Address of Current Registered Agent The State of State State The State of State State State The State of State Stat		
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 "Officers and/or Directors P/D STEVEN SAWYER		r City / State / Zip
VP/D CLOVIS SAWYER ZO41 W. HOWARD PLACE CITEA SPENGS, FZ 34434 S/D VENUS McCLUTHEN 18200 NW 20TH AVENUE APT. #12 MIAMI, FZ 33086		
D ESTELLA FORD D BISHOP CASSIE SORE	9 BAHHA PLACE LO WA-Brown 1051 NW 62NO	
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date		

June 26, 2004

Victory World Overcoming Faith Ministry, Inc 2041 West Howard Place Citrus Springs, Fl 34434

Division of Corporations P.O. Box 6327 Tallahassee, Fl-32314

Re: Reinstatement of Church

To Whom It May Concern:

This letter is in response to the conversation by phone on Friday, June 25, 2004. We would like to be Waive from all late fees for Victory World Overcoming Faith Ministry, Inc. due to the fact that the information was sent to the wrong mailing address; therefore we never received any information of the fees that needed to be paid. Enclosed you will find a check for the amount of \$184.00 to reinstate our church. Thank you for your support at this time. If you need any additional information please feel free to call me Pastor Steven Sawyer at (352) -489-3187 or write at the address above.

Sincerely Yours,

Pastor Steven Sawyer