## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	RPORATION STATEMENT	FILED 05 FEB 21 PM 4: 52							
DOCUMENT # NOI000007357  1. Corporation Name					SECRETAR COLLISTATE TALLAHASSEE, FLORIDA				
Rhema A Ready Word Ministries, INC									
230	al Office Address  7 NW GIST Street		lw 61st Street		STATE	EMEN	T <u>o</u>	-05.	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. Date Incorporated or Qualified To Do Business in Florida  76 - 15 - 01				
City & State  Might: FI  City & State  Might: FI			5. FEI Numb						
zip 3319	42 Country	<sup>zip</sup>   33142	Country	6. CERTIFICATE	TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent									
	Name James E. Brown Street Address (P.O. Box Number is Not Acceptable) 2367NW Co1St Street								
	Suite, Apt. #, Etc.								
	city Miani	State Zip Code 33143							
8. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Down  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				
PD	James E Brown		2307NW 615t Street		Miami, Fl. 33142			2	
5D	Alticia M. Brasn		23071NW 615 Street					)	
FAD	Johndale Car	ty 89	8 <b>6</b> 15.Crescer	nt Dr.	Mrama	er,Fl.	330	14	
				2 <u>(</u> 03/02	10047! 20501058	59213 020 *	12 *358 7	$\exists$	
				See John C. See See	00 01000	<u> </u>	***************************************	<del></del>	
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.									
SIGNATURE: (SOURCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									