PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	FILED 08 FEB -8 AM 9: 36	
DOCUMENT # NO2000000790			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name More Than	Conqueror	(ALLAHASSEE, FI (JRH))		
Tabernacle	Ministry	INC.		
			200117626532 02/08/0801035020 **551,7	25
2. Principal Office Address - No P.O. Box #	3. Mailing O			703-6
702 West 3rd Street			CR2E081 (12/07)	.00
CHILD, PAPE W, CHE.	, , , , , , , , , , , , , , , , , , ,	out.	4. Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State	íal	To Do Business in Florida -29-2002 5. FEI Number Applied	_
Lakeland, Florida Zip Country	Zio Zio	and Florida Country		plicable
33805 USA	3381	0 USA -	CERTIFICATE OF STATUS DESIRED 55.75 Additional Fee for a Certificate of	
7. Name and Addre	es of Current Regis	stered Agent		
Name Herberth. Brown SR.			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not	
Street Address (P.O. Box Number is Not Acceptable) 702 West 3rd Street				
Suite, Apt. #, Etc.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	received and requesting the reinstatem	
cay Lakeland		State Zip Code FL 33805	fee be waived.	
	above named corpo	[0] = 30 =	obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	REGISTERED AG	SENT MIST SKIN	Dates 02-05-08	
9. Names and Street Addresses of Each Office			least 3 directors)	
Titles Name of Officers and/or Dire		Street Address of Eac Officer and/or Directo	ch Ca. (State (75)	
D Herbert L. Bro	n ly	702 W 3 M f	Lakeland Il. 3380	s ⁻
U.M Shepand ai	Beamle	2538 Healle	Defense Lake Com A 338.	10
S.T. Hatcher T.	Brown	Some	Some	
C Healest Brown	- (7d:	Sana	Save	
			s provided for in chapter 607 or 617, F.S. I further certify that when the the requirements of section 607,0401 or 617,0401, F.S., that all	
	d the names of individ	duals listed on this form do not qualify for	or an exemption contained in Chapter 119, F.S. The information indi	
SIGNATURE: SIGNATURE	Brow	n Ss.	2-5-08 863-9 3 4-	-3066
SIGNATURE AND TYPED	OR PROFTED NAME OF	SIGNOIG OFFICER OR DIRECTOR	Date Daytime Phone #	_

gc 2/11