

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
DIVISION OF CORPORATIONS  
04 OCT 22 PM 12:45

DOCUMENT # **ND2000005068**

**1. Corporation Name**

**VICTORY THROUGH THE KING  
MINISTRY, INC**

**REINSTATEMENT 03-04**

**2. Principal Office Address**

**4123 W ATLANTICA**

(Suite) Apt. #, etc.

**14 A**

City & State

**DELRAY**

Zip

**33445**

Country

**USA**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**07/03/02**

**5. FEI Number**

**13-4202725**

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

**ODILE JP PASCALE**

Street Address (P.O. Box Number is Not Acceptable)

**2840 SOMERSET DR #312M**

(Suite) Apt. #, etc.

**312 M**

City

**LAUDERDALE LAKES**

State

**FL**

Zip Code

**33311**

**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

*[Signature of Odile J.P. Pascale]*

Date

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
PRES	ODILE PASCALE	2840 SOMERSET DR APT 312 M	Lauderdale Lk FLA 33311
VP	JOSEPH PASCALE	2840 SOMERSET DR APT 312 M	Lauderdale Lk FLA 33311
See	Mello Desiro	2840 Somerset Dr Apt 301 M	Lauderdale Lk FLA 33311

**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:**

*[Signature of Odile J.P. Pascale]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #