## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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	PORATI			PARTMEN etary of Si	tate		FILED 08 JUL 29 PM IS:	30 =	
DOCUMENT # 702 0000 8099						T	SECRETARY OF STATE TALLAHASSEE. FLORIDA		
VICTORIOUS FAITH COGIC							· · · · · · · · · · · · · · · · · · ·	• 120~1S	
VICTORIOUS I AITH COGIC						REINSTATEMENT 03-08			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address						i≘ii no 7t	001343578 2/0801013009	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
			PO BOX 208			CR2E081 (12/07)			
823 HUSSON AVENUE PO BO. Suite, Apt. #, etc. Suite, Apt.						,	CR2E081 (12/07)		
3310, 14pt. 11	, 0.0.			55.65, 145.6 1/1, 515.			orated or Qualified	"	
City & State			City & State			To Do Business in Florida 10-22-02			
PALATK			PALATKA, FL			<b>5.</b> FEI Number Applied For 59-3086766 Not Applicable			
Zip	Country		Zip	Coun	try	6.		Not Applicable	
32177	177 USA		32178-0208	USA	<b>\</b>	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requi			
7. Name and Address of Current Registered Ag					ed Agent				
Name						The rei	instatement fee is impos	ed, except in	
TINA CLEVELAND  Street Address (P.O. Box Number is Not Acceptable)						circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
301 KAY LARKIN DRIVE									
Suite, Apt. #, Etc. APT. D5									
City PALATI	(A			State Zip Code FL 32177					
8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.									
Signature o Registered		surau ( )	GISTERED AGENT		Date				
REGISTERED AGENT MUST SIGN									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least Titles Name of Street Address of Each									
Titles	Officers and/or Directors			Officer and/or Director			City / State / 2	<u>Cip</u>	
P, C	HERBERT W. COLBERT, SR.			2702 CECILLE AVENUE			PALATKA, FL 32177		
D	VICKIE E. COLBERT			2702 CECILLE AVENUE			PALATKA, FL 32177		
D	KARENSKI D. SPELL .			301 KAY LARKIN DR., APT. F1			PALATKA, FL 32177		
D	KEVIN (	D. CLEVELAND	30	301 KAY LARKIN DR., APT. D5			PALATKA, FL 32177		
D	WEVEL	Y A. SPELL	10	101 S BEECH STREET			PALATKA, FL 32177		
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 contained in Chapter 119, F.S. The information indicated									