10 DEC 30 PM 4:03 FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2010

DOCUMENT # N03000000456

1. Corporation Name
Miracle Word of faith Ministries INC

000189098870
12/29/10--01033--020 **8.75

000189098870
12/29/10--01033--019 **236.25

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3809-A E. Univ Ave	P.O. Box 140752
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Gainesville Fla	City & State: Gainesville Fla
Zip: 32641 Country: US.	Zip: 32614 Country: Alachua

4. Date Incorporated or Qualified To Do Business in Florida: 4-21-2003

5. FEI Number: 481295756 ☐ 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: Queen E. Horne-Kelly

Street Address (P.O. Box Number is Not Acceptable): 405 S.E. RR Ave

Suite, Apt. #, Etc.

City: High Springs | State: FL | Zip Code: 32643

S. HAWKES
DEC 30 2010
EXAMINER

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: Queen E. Horne-Kelly (REGISTERED AGENT MUST SIGN) Date: 12-28-10

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
Registered Agent + President	Queen Horne-Kelly	405 S.E. R.R. Ave	High Springs Fla 32643
ST	Treasurer + Secretary - Carolyn J. Robinson	6115 S.W. 63rd ~~Blvd~~ Lane	Gainesville Fla 32608
D	Director - Donald L. Kelly	405 S.E. RR. Ave	High Springs Fla 32643

10 E-mail Address: ~~Donque@bellsouth.net~~ donque@windstream.net (All Lower)
(To be used for future annual report notification)

11. 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. I further certify, 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: Queen E. Horne-Kelly Queen E. Horne-Kelly 12-28-10 352-317-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #