PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATION STATEMENT | | Secretary of State DIVISION OF CORPORATIONS | | | FILED 06 OCT 30 PM 3: 02 | | | | |
|---|--|------------------------------|---|--|-----------------------|-----------------------------|------------------------------|-------------------------|----------|--|
| 1. Corpora | JMENT # NO30 ation Name 5 Sperous Life | | HOY GEDRAL, 3 | INC. | | TALL | AHASSEE. | FĽÓRIĎA | | |
| 4895 W. Colonial P. Suite, Apt. #, etc. Suite, Apr. City & State City & State | | | | 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For | | | | | | |
| Zip 328 | Country | 7 N D O F D Country 7 U . () | <u> </u> | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | | ired | | |
| 8. I, being Signature of Registered A | | is Not Acceptable) W. C. a | | DR. | oligations of section | | , , | 06 | - | |
| 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 | | | | |
| P | DARRELL A. | JOHNSON | 4895 L | 1. colon | AL DR | ORLI | ando, FL | 32808 | 7 | |
| V | TRACEY L. | | | | | | , | | | |
| D | DANNY ADAI | 7S | 4895 W 2076 L | ACCY | OAK DA. 1170 | | JO, F/ 5 115235 023018 | 32705 13 **192.50 | <u>}</u> | |
| | | | | | | | | | | |
| 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 peid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daystime Phone # | | | | | | | | | | |

To: Department of State Division of Corporation

From: Prosperous Life Cathedral Inc.

Date: October 3, 2006

Re: None receipt of annual report

To Whom It May Concern:

We do extremely apologize for failure to file our annual filing fee due to a change in our mailing address. We hope this over sight will be taken into consideration with this fee of \$198.00 to cover all of our past expenses.

NEITHER DI WE Receive OUS ADDUA (2004).

If you should have any questions please contact me at (407) 595-2255.

Again, we do apologize for our failure to file our fee in a timely manner; however, we ask that you would please wave the additional reinstatement fee.

Making our state a better place to live,

Darrell A. Johnson CEO/ President