


PS 180

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 NOV 18 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N03000002134

**1. Corporation Name**  
WORD OF FAITH TRUTH HAS COME HELPING HANDS  
INTERNATIONAL OUTREACH MINISTRIES, INC.

**REINSTATEMENT** 04 8 05

<b>2. Principal Office Address</b> 304 SOUTH COUNTY ROAD 21 Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> POST OFFICE BOX 832 Suite, Apt. #, etc.	
<b>City &amp; State</b> HAWTHORNE, FLORIDA		<b>City &amp; State</b> INTERLACHEN, FLORIDA	
<b>Zip</b> 32640	<b>Country</b> PUTNAM	<b>Zip</b> 32148	<b>Country</b> PUTNAM

GR2E081 (8/05) NOV 21 2005  
T. ROBERTS

**4. Date Incorporated or Qualified To Do Business in Florida** MARCH 11, 2003

**5. FEI Number** 20-3794501 ☐ 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**  
JOHNNY T. HALL

**Street Address (R.O. Box Number is Not Acceptable)**  
304 SOUTH COUNTY ROAD 21

**Suite, Apt. #, Etc.**

**City** HAWTHORNE **State** FL **Zip Code** 32640

600061551746  
11/18/05--01052--001 \*\*\*12.50

**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** *Johnny T. Hall* **REGISTERED AGENT MUST SIGN** **Date**

**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/D	JOHNNY T. HALL	304 SOUTH COUNTY ROAD 21	HAWTHORNE, FL 32640
D	CINDY A. WILLIAMS	304 SOUTH COUNTY ROAD 21	HAWTHORNE, FL 32640
D	AMY McGOLLIE	202 BAYBERRY DRIVE	HAWTHORNE, FL 32640

**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:** *Johnny T. Hall* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 352-481-1011 **Daytime Phone #**



THE COOPER LAW FIRM

A PROFESSIONAL ASSOCIATION

Attorneys & Counselors at Law

100 West Call Street, Suite A • Starke, Florida 32091

pg 2 of 3

November 14, 2005

Division of Corporations,  
State of Florida  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: WORD OF FAITH TRUTH HAS COME HELPING HANDS  
INTERNATIONAL OUTREACH MINISTRIES, INC.  
Non Profit Articles of Incorporation

Dear Sir/Madam:

Please find enclosed the original Corporation Reinstatement for WORD OF FAITH TRUTH HAS COME HELPING HANDS INTERNATIONAL OUTREACH MINISTRIES, INC.

Additionally enclosed, please find the original letter from the President/Director/Registered Agent explaining that there is/was no mail receptacle at the physical address of the Church in order with which to receive the annual report for the corporation. Included in the Reinstatement is the correct mailing address for mail to be delivered so that the Church can, in the future, receive the annual report.

Pursuant to my conversation with the Division of Corporations, I have enclosed a check in the amount of \$122.50 to cover the cost of filing the Reinstatement.

Upon filing the reinstatement, please return verification to the address above.

Your assistance in this matter is greatly appreciated. Should you need any further information, please do not hesitate to contact me.

Sincerely,

John S. Cooper

JSC/ds  
Enclosures

pg 3 of 3

**WORD OF FAITH TRUTH HAS COME HELPING HANDS  
INTERNATIONAL OUTREACH MINISTRIES, INC.**

**Non Profit Articles of Incorporation**

**Post Office Box 832**

**Interlachen, Florida 32148**

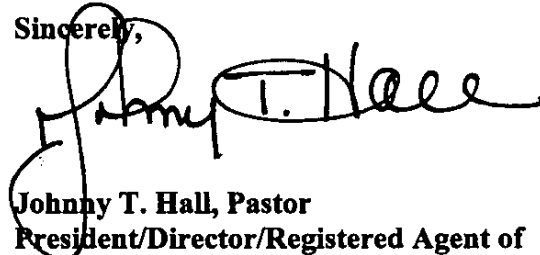
\*\*\*\*\*

**TO WHOM IT MAY CONCERN:**

**My name is JOHNNY T. HALL, Pastor, President, Director and Registered Agent for WORD OF FAITH TRUTH HAS COME HELPING HANDS INTERNATIONAL OUTREACH MINISTRIES, INC. Our Church is located a 304 South County Road 21, Hawthorne, Florida 32640. We do not, and have not, had a mail receptacle for receiving mail at this address. We did not realize this at the time of incorporation, and inadvertently forgot about the address being on our articles of incorporation. We receive our mail at Post Office Box 832, Interlachen, Florida 32148.**

**Should you need any further information, please do not hesitate to contact me.**

Sincerely,

A handwritten signature in black ink that reads "Johnny T. Hall". The signature is written in a cursive style with a large, stylized "J" and "H".

**Johnny T. Hall, Pastor  
President/Director/Registered Agent of  
Word of Faith Truth Has Come Helping Hands  
International Outreach Ministries, Inc.**