USPMO-165362930547.
CK – #1007
Riverside

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000002783

1. Entity Name
WORD OF LIFE CENTERS, INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 23 AM 10:09

700143346467
02/11/09--01005--023 **297.50

Principal Place of Business	Mailing Address
1024 MAIN STREET TITUSVILLE, FL 32796	1024 MAIN STREET TITUSVILLE, FL 32796

10272008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2337581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, VIVIAN 1024 MAIN STREET TITUSVILLE, FL 32796	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Vivian Thomas [1/18/09]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSS, JAMAL 1053 SOUTH PARK AVENUE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Moss Jamal -D 870 Alabama St. Titusville, FL 32796
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, RICHARD 915 SOUTH PARK AVENUE APT 30 TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Kelly, Richard – D Key Largo Dr. Titusville 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSS, ERIC 4499 ASHLEY DR. TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 1/27/09
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, VIVIAN 1660 RICE AVENUE TITUSVILLE, FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700143346467 02/11/09--01005--024 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMAS, EUGENE 1660 RICE AVENUE TITUSVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Thomas Eugene 1660 Rice Ave Titusville, FL 32796
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILDRED, GRANT 1024 MAIN STREET TITUSVILLE, FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Mildred Grant - T 911 S. Park Ave, Titusville, FL 32796

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian Thomas 1/18/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #