

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 MAY 16 PM 3:12  
TALLAHASSEE, FLORIDA

DOCUMENT # *N03000006877*

1. Corporation Name *Christ is the Answer Worship & Fellowship Ministries Corp.*

**REINSTATEMENT** *[Signature]*

2. Principal Office Address - No P.O. Box # <i>196 Hidden Springs Circle</i>		3. Mailing Office Address	
Suite, Apt. #, etc. <i>NA</i>		Suite, Apt. #, etc.	
City & State <i>Kissimmee Florida</i>		City & State	
Zip <i>34743</i>	Country <i>U.S.A</i>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

**\$375 Additional Fee (required for a Certificate of Status)**

05/09/07--01028--001 \*\*420.00

7. Name and Address of Current Registered Agent

Name *Oliver Willabus*

Street Address (P.O. Box Number is Not Acceptable)  
*196 Hidden Springs Circle*

Suite, Apt. #, Etc.

City *Kissimmee, Florida* State **FL** Zip Code **34743**

The reinstatement fee is imposed, except in 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.

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 *Oliver Willabus* Date *4-27-07*

REGISTERED AGENT MUST SIGN

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
<i>Treasurer</i>	<i>Verhna Willabus</i>	<i>196 Hidden Springs Circle</i>	<i>Kissimmee FL 34743</i>
<i>Sec</i>	<i>SHELLY WILLABUS</i>	<i>196 HIDDEN SPRING</i>	<i>" FL 34743</i>
<i>P</i>	<i>Oliver Willabus</i>	<i>196 Hidden Springs</i>	<i>Kissimmee, FL 34743</i>

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 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: *Oliver Willabus* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-27-07* (407) 956-9912 Daytime Phone #