

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND4000001900

1. Corporation Name

Word of Healing Ministries, Inc.
ND4000001900

2. Principal Office Address - No P.O. Box #

609 Willie Drive

Suite, Apt. #, etc.

3. Mailing Office Address

609 Willie Drive

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

City & State

Daytona Beach, Florida

Zip

32114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

February 20, 2004

5. FEI Number

33-1081622

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 Elder Michael Taylor

Street Address (P.O. Box Number is Not Acceptable)

609 Willie Drive

Suite, Apt. #, Etc.

City Daytona Beach

State FL

Zip Code 32114

☐ 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

Elder Michael Taylor

REGISTERED AGENT MUST SIGN

Date Jan 31, 2007

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 |
|--------|--------------------------------------|---|-------------------------|
| C | Elder Michael Taylor | 609 Willie Dr. Daytona Bch, FL | Daytona Beach, FL 32114 |
| C | Evangelist Pamela Taylor | 609 Willie Drive | Daytona Beach, FL 32114 |
| S | Elder Brian Faircloth | 2800 Ocean Shore Blvd #10 | Ormond Beach, FL 32176 |
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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:

Elder Michael Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2007

Date

386-323-1693

Daytime Phone #

jc 2/6