PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATI STATEM | | | | Secretary | TMENT OF State | | 07 | FILED JUN 22 PM 3 | . 0.1 | |
|--|-----------------------------------|-------------------|-----------|---|----------------------|------------------------|---|--|-----------------------------|-----------------|--|
| | | | | | | | | | _ | <u> </u> | |
| DOCUMENT # N0400002899 1. Corporation Name | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORI DA | | | |
| A Well of Living Water Christian Ministries, Inc. | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 3950 N.W. 186th Street 3950 | | | | | N.W. 186th Street | | | REINSTATEMENT | | | |
| Suite, Apt. #, etc. Suite, | | | | | uite, Apt. #, etc. | | | 4. Date Incorporated or Qualified To Do Business in Florida 03/16/04 | | | |
| City & State Mian | | der | ıs, FL. | Miami Gardens, FL. | | | 32-0115758 Applied For Not Applicable | | | | |
| 33055 ÜSA | | Á | 3305 | 5 | USA | | 6. CERTIFICATE | CERTIFICATE OF STATUS DESIRED \$8.75 Addition for a Certificate of Status Desired \$1.00 and \$1.00 | | | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | , | |
| Rogers, Cynthia | | | | | | | | The reinstatement fee is imposed, except in | | | |
| 3950 N.W. 186th Street | | | | | | | 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 | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | | | |
| Miami Gardens | | | | | | State 33 | 055 | fee_be_waived EUU104888016 06/26/0701049006 **192.50 | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT JUST 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 Eac Officer and/or Directo | | | | City / State / Zip | | | |
| Pres. | Roge | rs, | Glover J | r. | 3950 N.W. 186th S | | | Street | t Miami Gardens, Fl., 33055 | | |
| V.Pres. | Rogers, Cynthia 39 | | | | | 3950 N.W. 186th Street | | | Miami Garde | ens, Fl., 33055 | |
| Treas. | Burns | -Sut _l | phen, Tan | nara L. | 2086 N.W. 5th Place | | | Place | Miami, Florida 33127 | | |
| Secy | King, | Ale | exis | | 19020 N.W. 8th Avenu | | | venue | Miami, Florida 33169 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | , | |
| 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | |

LAW OFFICE OF REBECCA INGRAM LEONARD

Tel: (305) 445-6299 Fax: (305) 445-6297

June 19, 2007

OCEAN BANK BUILDING 782 NW 42nd Avenue, Suite 330 Miami, Florida 33126

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: A Well of Living Water Christian Ministries, Inc.

Corporation Reinstatement Document #: N04000002899

Dear Sir/Madam:

Enclosed herewith is the application for reinstatement for the above referenced corporation. The prior notices were not received and we are requesting that the corporation be reinstated. Accordingly, enclosed is our check in the amount of One Hundred Ninety Two and Fifty Cents (\$192.50). The same represents payment for the Annual Report Fee for 2005, 2006 and 2007; as well as a Certificate of Status. Please forward to the above listed address.

Upon receipt, if you have any questions or concerns, please call (305) 445 6299.

Sincerely,

Roslyn Heastie, Legal Assistant

for the Firm

/rh

encls.

cc: Pastor Cynthia Rogers