2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012177

WALKER, JR., B. KEITH

WINTER PARK, FL 32789

721 WEST NEW ENGLAND AVE

Name:

Address:

City-St-Zip:

FILED Oct 05, 2006 Secretary of State

Entity Nar	me: ORLANDO INSPIRATIONAL COGIC, IN	NC.		
Current Principal Place of Business:		New Principal Pla	ce of Business:	
	NEW ENGLAND AVE PARK, FL 32789			
Current Mailing Address:		New Mailing Addr	ress:	
	NEW ENGLAND AVE PARK, FL 32789			
	: 20-3838469 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable () ot receive the prior notice.	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Addres	Name and Address of New Registered Agent:	
3447 ATHE WINTER F The above in the State	PARK, FL 32792 US named entity submits this statement for the pe of Florida.	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE: ELDER BERKLEY K WALKER SR. Electronic Signature of Registered Ag	ont	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () Delete WALKER, SR., ELDER BERKLEY K 721 WEST NEW ENGLAND AVE WINTER PARK, FL 32789	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MS () Delete WALKER, JARVIA D 721 WEST NEW ENGLAND AVE WINTER PARK, FL 32789	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M () Delete ADKINS, MICHELLE C 721 WEST NEW ENGLAND AVE WINTER PARK, FL 32789	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	M () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PASTOR BERKLEY K WALKER SR. **PCEO** 10/05/2006