2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010190

FILED Jan 16, 2009 Secretary of State

Entity Name: WARFARE AND FIRE TRUEHOUSE DELIVERANCE INC.

Current Principal Place of Business: New Principal Place of Business	ss:
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1893 ROWE AVENUE

JÄCKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

1347 W 26 ST.

JACKSONVILLE, FL 32209

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, EARL THOMAS, EARL

11501 HARTS ROAD 1347 W 26TH STREET

#1104 JACKSONVILLE, FL 32209 US

JACKSONVILLE, FL 32218 US

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.

SIGNATURE: EARL S. THOMAS 01/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 THOMAS, EARL
 Name:
 THOMAS, EARL

 Address:
 11501 HARTS ROAD #1104
 Address:
 1347 W 26TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32209

Title: VP () Delete Title: () Change () Addition

 Name:
 ALLWIND, EMMANUEL
 Name:

 Address:
 EAST 24TH STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:

Title: S?T () Delete Title: () Change () Addition

Name:THOMAS, VEASTAName:Address:1986 WEST 21ST STREETAddress:City-St-Zip:JACKSONVILLE, FL 32209City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: VEASTA THOMAS S?T 01/16/2009