PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINS	PORATION STATEMENT		Se	ecretary of St	ATIONS		DIVI	ECRETARY OF SION OF COR	PORAT.		
DOCUMENT # N13574 1. Corporation Name The Great God Gospel AND Educational Gtation INC. [940 NW 74 St. Ocala, Fl. 34435 2. Principal Office Address 3. Mailing Office Address											
1. Corporation Name											
The Cheat GOD Gospel AND FUCCATIONAL						NYON POOL 11 NA 12 27	under gar	digital and some as	J & Q7	003	
GTOFION INC.							REMSTATEMENT 81-00				
1940 NW 77 5t. Ocala, FL 3448											
- Thopas	1/	4	سري و				500023663215 10/09/0301023020 **1093,75				
1940 Nw 7/h 57 Suite, Apt. #, etc.			Suite, Apt. #, etc.			100 000 00 010E0 0E0 041000*10					
						4. Date Incorporated or Qualified To Do Business in Florida					
City & State			City & State			5. FEI Number Applied For					
O Ca	Lá F	2.		int		55-0	840	145/	- 	pplicable	
344	75 Country	5A	zip Sani	Count	em e	6. CERTIFICATE	OF STATU		.75 Additional Fe		
					of Current Register	ed Agent			:		
Name / / / / / / / / / / / / / / / / / / /											
Street Address (P.O. Box Number is Not Acceptable)											
. [1940 NW 7th St										
	Suité, Apt. #, Etc.										
	O Cala						State FL	Zip Code 32/47	300		
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 REGISTERED AGENT MUST SIGN							Date <u>09/08/03</u>				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Titles	Alema of Chant Address of S					f) City / State / 7in					
Soc / T/2	TOF 1	3E53R	MIGNO!			//2/					
Pres :	John W Dyous 1940 NW 79h 51						OCA.	la. Fli	34475		
3	BOBDY LAND DORAL TERRY			911 NE 17 AVE 310 BAK TRUS CT			ocala FL 34472				
De-	Tames J.	TRAPAN	3	79 NE	44 AVE)ca	la KL 3	4479		
0	TOWN R.	Dyous		184 NO	V TAST		DCU.	U.A.	3447	5	
0 0	Villie N	1. Paber	tson 1	940 NU	17451		00	UFL.	34475		
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 under section 119.07(3)(i), 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: On the corporation of 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 over the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.											
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