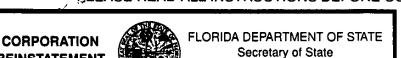
PLEASE READ ALL	. INSTRUCTIONS	BEFORE COMPLE.

**DIVISION OF CORPORATIONS** 





05 APR 19 PM 12: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	See WELTER
DOCUMENT #	N26012

1. Corporation Name

**CORPORATIONS** 

REINSTATEMENT

Rhema Word Ministries, Inc. (Document #N26012)

2. Principal Office Address Inc. 4015 N. Cocoa Boulevard Sulte, Apt. #, etc. City & State Cocoa, FL		3. Malling Office Address P.O. Box 1966 Sulte, Apt. #, etc. City & State Cocoa, FL		- REINSTATEMEN	REINSTATEMENT 04-0		
				4. Date incorporated or Qualified To Do Business in Florida 04/21/1988			
				5. FEI Number 1988 65-0051297	Applied For Not Applicable		
Zip 32927	Country USA	Zip 32923	Country	6. CERTIFICATE OF STATUS DESIRED [7] \$8.7	5 Additional Fee required in a Certificate of Status		

7. Name and Address of Current Registered Agent Bishop Arnold L. Williams Street Address (P.O. Box Number Is Not Acceptable) 4015 N. Cocoa Boulevard 900054211459 <del>/10/05 01051 016 \*\*301</del>,25 Suite, Apt. #, Etc. City Cocoa, FL Zip Code State

8.	I, being appointed the registered agent of the ab	ove named corporation	. am familia <del>r with</del>	and acce	ot the obligations	of section 607.	0505 or 617,0503	3. F.S
		•						

Date X 4-14-05

32927

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
D/C Bishop Thomas Chenault		4015 N. Cocoa Boulevard	Cocoa, FL 33927
D/T/S	Bishop Arnold L. Williams	4015 N. Cocoa Boulevard	Cocoa, FL 33927
D/V	Bishop Eddie Solomon	4015 N. Cocoa Boulevard	Cocoa, FL 33927
P/A-S	Rev. Antoinette Candy Williams	10187 Twin Lakes Drive	Coral Springs, FL 33071

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 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(321)632-5660

Daytime Phone #