PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 JUL 20 PM 1: 27
DOCUMENT# N267	21	TALLAHASSEE, FLORIDA
DOCUMENT# (V267	<i>σ</i> (ALLAHASSEE, FLUKIDA
1. Corporation Name The Livi	ng Word Gospel	
Crusade Inc.		
0,000,000		
		Portant some
2. Principal Office Address	3. Mailing Office Address	PENSTATEMENT OULDS
865 S. Drange St.	865 s. Deange St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E081 (12/05)
		4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida
monticello, Florida		5. FEI Number Applied For
Zip Country	Monticello, Horida	Not Applicable
32344 Sefferson	' · · · · · · · · · · · · · · · ·	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Eddie Sames Lee		
Street Address (P.O. Box Number is Not Acceptable)		
865 S. Olange St. 1000 1185 1000		
Suite, Apt. #, Etc.		
City		State Zip Code
montice	110	FL 3>344
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		
	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
D Roosevelt whitfin	eld 1500 Poplar St.	Monticollo 1714.35344
D EVa whitere	1d 615 poplar St	monticello, 7/14 32344
D Betty White	and some	. '_
D Betty White	eld 545 poplar s	montscello, the 3234
D Rickey Thomas	pson 420 5 Rhades	St. Monticello, 7/A 32344
D Larry Prite	`	Madison, 71A
0 -	3	
J. Handle All Control of the Control		
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 fisted 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: Letty from Whitfield 7/19/2006 997-1917 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #		
Date Dayame Phone #		

7/19/2006

To: whom It May Concern We The Living word Dospel Crusade Inc. Did not receive the annual report for 2004.

D. Betty Whidguld D. Eva Mae Whitful