


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS WDS 090351453	
DOCUMENT # N36978			
1. Corporation Name Pure Vision Church of God in Christ, Inc.			
2. Principal Office Address 1710 NW MLK JR Ave Suite, Apt. #, etc.		3. Mailing Office Address 7231 NW Hwy 225-A Suite, Apt. #, etc.	
City & State Ocala, Fl.		City & State Ocala, Fl	
Zip 34478	Country Marion	Zip 34482	Country Marion
4. Date Incorporated or Qualified To Do Business in Florida March 5, 1990		5. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Elder Brandon D. Cave, Sr.			
Street Address (P.O. Box Number is Not Acceptable) 7231 NW HWY 225-A			
Suite, Apt. #, Etc.			
City Ocala			
State FL			
Zip Code 34482			
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 Elder Brandon D. Cave, Sr.		Date 11/28/05	
REGISTERED AGENT MUST SIGN			
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
Pre/CEO	Brandon D. Cave, Sr.	7231 NW Hwy 225-A	Ocala, Fl. 34482
Sec.	Carla Francine Kinsler	7075 NW Hiway 225-A	Ocala, Fl 34482
Treas.	Odessa Washington	14486 34th Terr. Rd.	Ocala, Fl. 34473
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 Brandon D. Cave, Sr.		Date 11/16/05	Daytime Phone # 352-351-5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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