

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 16 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *240310*

1. Corporation Name.

The Way, The Truth and The Life Church of Praise, Inc.

2. Principal Office Address

6609 N.W. 18th Avenue

3. Mailing Office Address

P.O. Box 510185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State-

Miami, Florida

City & State

Miami, Florida

Zip

33147

Country

USA

Zip

33151

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0125553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elder, W. R. Courtney, Pastor

Street Address (P.O. Box Number is Not Acceptable)

6601 N.W. 18th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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***300.00 ***300.00

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

W. R. Courtney
REGISTERED AGENT MUST SIGN

Date

Sept 11, 2002

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
ED	Elder, W.R. Courtney	6601 N.W. 18th Avenue	Miami, Fl. 33147
D	Grace Mason	1246 Fisherman Street	Opa-Locka, Fl. 33054
DD	Eva Woods	1990 N.W. 4th Court, #14	Miami, Fl. 33136
DD	Darette Hunter	2115 N.W. 42nd Street	Miami, Fl. 33127

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)(l), 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:

Eva Mae Woods
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-11-02

Daytime Phone #

305-576-5041

CR2E081 (9/01)