	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	COMPLET	PPROVED INC. TIRLS FORM.	
APPLICATION FLORID			Katherine Harris			• •	
DEINGTATEMENT			Secretary of State Division of Corporations		99 1	AUG 17 PH 1:15	
DOCUMENT # N48240					SECRETARY OF STATE TAILAHASSEE, FLORIDA		
We world harvest church ministries inc.							
Principal Place of Business Mailing Address							
5100 W. Hillsboro Blvd.							
Coconut Creek, Florida 33073  If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REII	<b>YSTATEMEN</b>	IT <u>08-09</u>
			ing Office Address, If Applicable 4. Date Inc X 970108 4. Date Inc		Date Incorp     To Do Busin	orporated or Qualified usiness in Florida	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #,			4/3/92  5. FEI Number Applied For		
Coc		City & State			Not Applicable Not Applicable 6.		
Zıp 	Country	Zip	Country			E OF STATUS DESIRED (1)	Additional Februaga (ed.) Costilination Status
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each							
Title(s) 1	Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
D/P	D/P James D. Baker		4068 NW 1st Drive		e 	Deerfield Bch	FL 33442
D/V	Pammaa J. Baker		4068 NW 1st Drive		<b>e</b> .	Deerfield Bch	FL 33442
D/S	Sharon J. Baker		5100 W. Hillsboro Blvs.		Blvd.	Coconut Creek	FL 33073
D/T	William S. Davis	8516 NW 35th Court			Coral Springs	FL 33065	
					5000029746653		
	:				-08/31/9901051003 ****306.25 ****306.25		
Name and Address of Current Registered Agent     Name					9. Name and Address of New Registered Agent		
Share Address (P					Aron J. Baker O. Box Number is Not Acceptable) Hillsboro Blvd		
Roberts, Agnes L 6511 Thomas Street Hollywood, FL 33024				5100 W. Hillsboro Blvd Suite, Apt. #, Etc.			
City /Coconut					t Creek		Zip Code 3 3 0 7 3
*	appointed the registered agent of the abo	ve named corpo	ration, am familiar wit				
Signature of Registered /	Agent	GISTERED AG	ENT MUST SIGN			Date 8/16/9	9
11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes  No  O  (See other side for including the continuation of the continuati							
12.1 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:							
SIGNAT		NTED NAME OF S	IGNING OFFICER OR D	HRECTOR		Date Daytin	ne Phone #