PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	-		9	Secretary	TMENT OF of State orporations	¥		FILES	
DOCUMENT # N9300001152 1. Corporation Name							TATA AMASSEE FLORIDA			
The Whole True Bible Ministry, Inc 2. Principal Office Address - No P.O. Box# 3. Mailing Office Address								100155776031 05/11/0901047017 **193,75		
				-	10875 SW 216 Street			DEINCTATEMENT 67-69		
<u>.</u>				Suite, Apt. #, 6	uite, Apt. #, etc. Apt #421			4. Date Incorporated or Qualified To Do Business in Florida 1993		
				City & State				5. FEI Number Applied For		
Zip Zip	Cutler Bay, Florida Country		Cutler Bay, Florida		Country		65-0402709		Not Applicable	
33170		USA	·	33170		USA		6. CERTIFICATE		Additional Fee required ra Certificate of Status
7. Name and Address of Current Registered Agent										
Name Bishop Lonnie H. Woodard								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive		
	ress (P.O. Bo) SW 216 S		r is Not Acceptabl	a)				the pri	or notices. By checkin	ig this box, you
Suite, Apt. i Apt #42								receive	rtifying the prior not ed and requesting the	
City Cutler E					State Zip Code S3170			fee be waived.		
8. I, being Signature of Registered	of A	e registere	4	ove named corpor	Digations of section 607.0505 or 617.0503, F.S. Date May 6, 2009					
9. Names	and Street A	ddresses	of Each Officer a	nd/or Director (Flo	rida nonprof	fit corporations	must list at lea	ast 3 directors)		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip	
Pres	Bishop Lonnie H. Woodard				10875 SW 216 Street #421				Cutler Bay, Florida 33170	
VPres	Lonnie H. Woodard, Jr.				10875 SW 216 Street #421				Cutler Bay, Florida 33170	
Treas	Teralynn Carter				10875 SW 216 Street #421				Cutler Bay, Florida 33170	
Sec	Mike Carter				10875 SW 216 Street #421				Cutler Bay, Florida 33170	
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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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Phone #										

c/11.