PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE. TĂLLAHASSEE FLORIDA FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 13 AUG -6 AM 6: 30 DIVISION OF CORPORATIONS DOCUMENT # N93000003393 Greater Victory Ministries, Inc. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 7654 N.W. 17 Suite. Apt. #. etc. CR2E081 (11/10) Date Incorporated or Qualified To Do Business in Florida City & State 1am'i Beach FL Not Applicable 8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED street Address (P.O. Box Number is **600250488306** 08/06/13--01024--010 **358.75 State Beach orth Miami 8. I. being appointed the registered agent of the above nagration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 12013 Registered Agent REGISTERED AGENT MUST 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director North Miami Beach 33/62 S. HAWKES STATEMENT 7 2013 AUG EXMINITALK ^{10.} E-mail Address<u>: ゆrい*に*とり</u> (To be used for future annual report notification) 11. I certify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 517, 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., and that all fees owed by the corporation have been paid. I further certify, the information indipated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S. SIGNATURE: SIGNATURE AND TYPE FOR PAIN TEN NAME OF SIGNING OFFICER OR DIRECTOR