PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | FILED 05 SEP -2 PM 12: 56 |
|---|---|--------------|---|----------------------|---|
| DOCUMENT # 1. Corporation Name N94000000850 CHURCH OF THE LIVING HOLY WORD INC | | | | | SEURLIANT OF STATE TALLAHASSEE, FLORIDA |
| 2. Principal Office Address 3. Mailing Office Address 13001 116TH LA. NO. 1368 FAIR | | | Tice Address | - 12/5/6/16 | TATEMENT 91-05 |
| Suite, Apt. #, etc. Suite, Apt. # | | etc. | ļ | porated or Qualified | |
| City & State City & State LARGO FL CLEAR | | | | | |
| Zip 33778 | Country USA | Zip 33755 | Country USA | 6. | E OF STATUS DESIRED 53.75 Additional Fee required for a Cert ficate of Status |
| | Name Name SARAH L. HALL Street Address (P.O. Box Number is Not Acceptable) 1368 FAIRMONT ST Sutte, Apt. #, Etc. | | | 11 | JUU59792641 J/0501055006 **84%.75 |
| | City CLEARWATER | | | | State Zip Code FL 33755 |
| 8. I, being appointed the degistered 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 | | | | | |
| 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 |
| D | SYLVESTER HALL, SR | | 1368 FAIRMONT ST | | CLEARWATER , FL 33755 |
| D | VERNA EVANS | | 1225 PALMETTO ST | | CLEARWATER FL 33755 |
| D | PATRICIA CLARK | | 2065 HIGHLAND AVE | | CLEARWATER FL 33755 |
| т | SANDRA WILKINS | | MYRTLE AVE., | | CLEARWATER FL 33755 |
| т | ROBERT JONES | | 6815 55TH TER N #B | | ST PETERSBURG, FL 33709 |
| A/S | SARAH L HALL | | 1368 FAIRMONT ST | | CLEARWATER , FL 33755 |
| 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: SYLVESTER HALL, SR 090105 (727) 461-7834 | | | | | |