PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 1940000 OIS 1. Corporation Name True Miracle Church of the kiving God III 2. Principal Office Address 313 West Pine St. Suite, Apit. #, etc. 3. Mailing Office Address 313 West Pine St. Suite, Apit. #, etc. 4. Data incorporated or Coastilled To Do Business in Florida 3 1994 4. Data incorporated or Coastilled To Do Business in Florida 3 1994 5. FEI Number Apolled For Apoll	CORP	PORATION	FLORIDA DEPART Secretary DIVISION OF CO	of State		. 05	FÉB 26 AM	II: 56	
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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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone J									

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