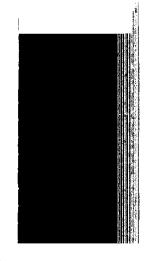
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

SIGNATURE:

| DOCUMENT # N95000004403 1. Corporation Name GREATER WORKS MINISTRIES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Pines of Business Making Address 70 E. COLOMAL Brive GRANDO R. 2880 GRANDO R. 2880 Suite, Apt. #, etc. 1. New Principal Office Address, if Applicable Suite, Apt. #, etc. Suite, Apt. #, etc | ''' | FOR | | | Katherine Secretary of | | • • • • • • • • • • • • • • • • • • • | | | |
|--|--------------------------------|---------------------------------|---|---------------------|---------------------------|------------------------|--|---|----------------------------------|--|
| DOCUMENT # N95000004403 1. Corporation Name GREATER WORKS MINISTRIES, INC. Principal Place of Business 720 E. COLOMAL DRIVE ORAMOD FI. 2000 1 above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, III Applicable 2 New Principal Office Address, III Applicable 3. New Mailing Office Address, III Applicable 3. New Mailing Office Address, III Applicable 4. Date Incorporated or Ovallised To Designess or Search Officer and Street Address or Search Officer and Street Address or Search Officer and Street Address or Search Officer and For Search Officer Address of New Registered Agent Office Address of New Registered Agent Officer Address of New Registered Agent Officer Address of New Regis | REIN | STATEMENT | | יום | | | | EII ED | | |
| GREATER WORKS MINISTRIES, INC. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Pince of Business Mailing Address 720 E. COLONAL DRIVE COLONAL DRIVE COLONAL DRIVE TO E. COLONAL DRIVE COLONAL DRIVE TO E. COLONAL DRIVE COLONAL DRIVE TO E. COLONAL DRIVE TO E. COLONAL DRIVE TO E. COLONAL DRIVE TO E. COLONAL DRIVE TO Business in Ficindia To Do Business | DOCUMENT # N9500004403 | | | | | | (| | | |
| Principal Place of Business 730 E. COLOMAL DRIVE ORLANDO FI. 32800 OR | | | | | | | 01 | OCT 23 AM | 9: 06 | |
| 720 E COLOMAL DRIVE ORLANDO FL 32003 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 75 - 75 - 75 - 75 - 75 - 75 - 75 - 75 | GREATER WORKS MINISTRIES, INC. | | | | | | SEC TAL | RETARY OF ST LAHASSEE, FLO | ATE)RIDA | |
| ### Above addresses are incorrect in any way, line through incorrect information and entar correction below. 2. New Principal Office Address, if Applicable 3. New Malling Office Address, if Applicable 3. New Malling Office Address, if Applicable 4. Date incorporated or Qualified To Do Business in Florida 70 (9) 15/1995 4. Date incorporated or Qualified To Do Business in Florida 70 (9) 15/1995 5. FEI Number 54-1719855 6. CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and off Director (Florida nonprolit corporations must list at least 3 directors) 8. Name of Officers and of Directors 7. Names and Street Addresses of Each Officer and officer and officer and officer and of Director Addresses of Each Officer and of Directors 7. Names and Street Addresses of Each Officer and | Principal P | lace of Business | | Mailing Addr | ess | | - | • | | |
| 2. New Principal Office Address, If Applicable Sulfe, Apt. #, etc. Sulf | | | | | | | A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT | | | |
| Suite, Apt. #, etc. City & State Street Address of Each Officer and/or Director (Florida nonprolit corporations must lat at least 3 directors) Street Address of Each Officer and/or Director and/or Dire | | | | | | | | | | |
| Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. | | | | | | | 4. Date Incorp To Do Busi | 4. Date Incorporated or Qualified To Do Business in Florida 09/15/1995 | | |
| Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIRED 6. SANCHOODER Preparations 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors Sirvet Address of Each Officer and/or Directors D BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 D BATTS, CYNTHIA 720 E. COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 32803 RAMINION FLORE ORLANDO FL 32803 O | Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 5. FEI Numbe | 5. FEI Number Applied For | | |
| 2p Country Country Country Country Certificate of Status Desirate D Status Desirate D Status Desirate D Certificate Of Status D Certificate D C | City & State | | | City & State | | | | 54-1719855 | Not Applicable | |
| Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip D BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 D BATTS, JOHNETTA 720 E. COLONIAL DRIVE ORLANDO FL 32803 D BATTS, CYNTHIA 720 E. COLONIAL DRIVE ORLANDO FL 32803 C COLONIAL DRIVE ORLANDO FL 32803 BATTS, CYNTHIA 720 E. COLONIAL DRIVE ORLANDO FL 32803 C COLONIAL DRIVE ORLANDO FL 32803 BATTS, BRUCE W 720 E. COLONIAL DRIVE 9. Name and Address of New Registered Agent Name BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) TO. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent | Zip Country | | | Zip Count | | ountry | 1 | ICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | |
| D BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 D BATTS, JOHNETTA 720 E. COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 32803 D BATTS, CYNTHIA 720 E. COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 328 | 7. Names | 1 | | or Director (Flo | rida nonprofit cor | | | Т. | | |
| D BATTS, JOHNETTA 720 E. COLONIAL DRIVE ORLANDO FL 32803 ORLAND | IIII0(S) | | | | Officer and for Director | | | City / State / Zip | | |
| BATTS, CYNTHIA 720 E. COLONIAL DRIVE ORLANDO FL 32803 -12/10/0101102013 ****236.25 *****236.25 8. Name and Address of Current Registered Agent Name BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code FL Signature of Registered Agent Regis | D | BATTS, BRUCE W | | | 720 E. COLONIAL DRIVE | | | ORLANDO FL 3280 | 13 | |
| 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code To. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN | · D | BATTS, JOHNETTA | | | 720 E. COLONIAL DRIVE | | | ORLANDO FL 3280 |)3 | |
| BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. PARTICIPATION 101-01102-013 *****236.25 ******236.25 ******236.25 ******236.25 ******236.25 ******236.25 *******236.25 ********236.25 *******236.25 *******236.25 *******236.25 ********236.25 *********************************** | D BATTS, CYNTHIA | | | | | | | 1 | | |
| 8. Name and Address of Current Registered Agent Parts, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | - | | 4 . | -12/10/01 | 01102019 | |
| 8. Name and Address of Current Registered Agent Parts, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | RF | | | 191 | |
| BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 Suite, Apt. #, Etc. City State FL Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | 4 44 | 1976 ዓ. ማ. ዓ. ዓ. ዓ . | ************************************** | | |
| BATTS, BRUCE W 720 E. COLONIAL DRIVE ORLANDO FL 32803 Suite, Apt. #, Etc. City State FL Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | | 9. Name and A | Address of New Regist | ered Agent | |
| 720 E. COLONIAL DRIVE ORLANDO FL 32803 Suite, Apt. #, Etc. City State FL Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN SITE Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Date 10 -1 5 - 01 | BATTS | BRUÏĈE W | | | | Name | | ~ | , | |
| City State FL Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN | Street Address (P | | | | | | (P.O. Box Number | is Not Acceptable) | | |
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| REGISTERED AGENT MUST SIGN | 10. I, being | appointed the registered ag | ent of the abov | e named corpo | ration, am familia | ar with and accept the | obligations of Secti | on 607.0505, F.S. | · - 1 | |
| REGISTERED AGENT MUST SIGN | | | // | | | | | | | |
| | Signature of Registered | Agent | <u>ــــــــــــــــــــــــــــــــــــ</u> | | | · · | | Date | -15-01 | |
| | 11 Loertify | that I am an officer or directo | | | | | neovidad for in the | onter 607 or 617 E.S. 14 | ingther continue that when fill- | |



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.