	PLEA	SE READ A	ALL INST	RUCTIONS BEFORE	COMPLET	NG II	115 FURM.		
	PORATION "		5	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	=		5 AUG 11 Mil		
DOCUMENT # N98000001488 1. Corporation Name									
W. 1	.N.G.5.	FELLOWS	HIP (HURCH, INC.					
W. I. N. G. S. FELLOWSHIP (2. Principal Office Address 1801 - 34 4 5T. So. 1801				office Address				ا <i>ل</i> م د	
1801 - 34 = 5T. 20.			/80/ - Suite, Apt, #.	- 34 - 57. 50.	_			05	
GGRG, 7491. II, 610.					4. Date Incorporated or Qualified To Do Business in Florida 3/12/98				
City & State ST. PETERSBURG, FL. Zip Country			City & State 57. PE	TERSBURG, FL.	5. FEI Numbe	5. FEI Number Applied For Not Applied ble			
337/		S. A.	Zip 337		6. CERTIFICATI	E OF STATU		litional Fee required rtificate of Status	
		<u> </u>	7. 1	lame and Address of Current Regi	stered Agent				
	JOHN H. CHANCE								
	Street Address (P.O. Box Number is Not Accentable)								
	405 - KINGSTON STREET SOUTH Suite, Apt. #, Etc.								
	City					State	Zip Code		
	SAINT	PETERSB	URG			FL	33711	-	
8. I, being appointed the registered 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 REGISTERED AGENT MUST SIGN Date 2 - 2 - 0.5									
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		
P	JOHN H. CHANCE			405 KINGSTON ST. So.		ST. PETERSBURG, FL. 33711			
BDM	CARLOS LOVETT			675-68th AVE. So.		ST. PETERSBURG, FL. 33712			
5	CYNTHIA CHANCE			405 KINGSTON ST. SO.		ST. PETERSBURG, FL. 33711			
7	MARSHALL LESTER, JR.			5659-DR.MLK ST. SD.		ST. PETERSBURG, FL.33705			
BDM	LATONYA	ALEXAN	DER	2626- DUEEN S	7. So	57. 1	PETERSBURG	FL.33712	
		-	-		81	φoo	586436Ó		
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: MARSHAL ESTER JR 8/8/05 (727) 578-5437 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days The Despire Phone #									

B. Mitchell AUG 1 5 7005