PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State Division of Corporations

DOCUMENT # N9800004700

1. Corporation Name

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SECRETARY OF STATE TALLAHASSEE FLORIDA

GODSOLDIERS OUTREACH CENTER, EVANGELISTIC ASSOCI ATION AND CHURCHES WORLDWIDE, INC.					ł	TALLARASSEE FLORIDA	
Principal Place of Business Mailing Address					ok. dove.	TATCHENT_03	
7476 GROVE ORLANDO F		P.O. BOX 680917 ORLANDO FL 32868 US					
If above a	ddresses are incorrect in any way, line thro	To Do Business in Florida O8/12/1998 Suite, Apt. #, etc. 5. FEI Number Applied For Not Applicable					
2. New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable 4,		4. Date incorp	orated or Qualified	
Suite, Apt. #. etc. Suite, Apt. #		Suite, Apt. #,	, etc.		<u> </u>	08/12/1998	
			5. FEI N		5. FEI Numbe	EU OUDADAE	
Zip Country Zip		Country 6.		6.	0.075		
327		<u> </u>			<u> </u>	for a Certificate of Status	
7. Names a	,	or Director (Flo				·	
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D YOUNG, MICHAEL D			7476 GROVEOAK DRIVE			ORLANDO FL 32810	
D	YOUNG, FRED DOUGLAS III			114 WARWICK AVENUE		PENSACOLA FL 32503	
D	ACKSON, BYRON TREVOR 391 WEST 33RD STREET RIVIERA BEACH FL 33404					RIVIERA BEACH FL 33404	
D	TENAH, KWAKU A	3608 NW 22ND PL			GAINSVILLE FL 32605		
D	COLLER SR., FRED	7244 GRAY SHADOW COURT			ORLANDO FL 32818		
	8. Name and Address of Current I	Registered Age	ent		9. Name and	Address of New Registered Agent	
				Name			
YOUNG, MICHAEL D 7476 GROVEOAK DRIVE				Street Address (dress (P.O. Box Number is Not Acceptable)		
	OUNG, MICHAEL D Street Address (P.O. Box Number is Not Acceptable)						
City					State Zip Code		
10, 1, being	appointed the registered agent of the abo	ve named corp	oration, am familiar	with and accept the o	bligations of Sect		
Signature o Registered	t Agent Manual D	· You	EEN MUST SIGN			Date 12/30/03	
11. 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.							
A CONTRACT OF THE CONTRACT OF							

FICER OR DIRECTOR