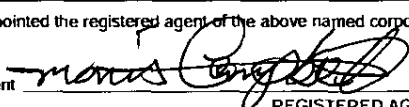
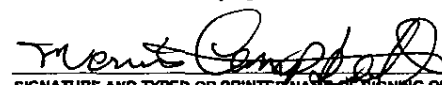


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000002190			
1. Corporation Name TRIUMPHANT CHURCH OF JESUS CHRIST, INC OF MIRAMAR FLORIDA			
2. Principal Office Address 2322 SW 60TH TERR		3. Mailing Office Address 15694 NW 41 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIRAMAR, FL		City & State MIAMI, FL	
Zip 33023	Country USA	Zip 33054	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 4/5/1999		5. FEI Number 65-0907340	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name MORRIS CAMPBELL			
Street Address (P.O. Box Number is Not Acceptable) 15694 NW 41 AVE			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33054
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 		Date 3-12-2003	
REGISTERED AGENT MUST SIGN			
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
PD	CAMPBELL, MORRIS	15694 NW 41 AVE	MIAMI, FL 33054
DT	CAMPBELL, DOROTHY	15694 NW 41 AVE	MIAMI, FL 33054
D	GRAY, NADA	615 NW 210 ST #205	N.MIAMI, FL 33169
D	DANIEL, CHRISSETTA P	3900 SW 52nd AVE #103	PEMBROKE PINES, FL
DT	THOMAS, CLARA	4501 NW 12th ST	LAUDERHILL, FL 33313
D	RILEY, SHERROL	8208 NW 14th ST	CORAL SPRINGS, FL 33071
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: 		Morris Campbell-Pres. 305-622-9412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/12/02 Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 02-03

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