PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000002267

1. Corporation Name
Word Focus Ministries International Inc.
1557 Cesery Blvd.
Jax. Fl 32211

2. Principal Office Address	3. Mailing Office Address
1557 Cesery Blvd.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jax.	
City & State	City & State
Fl.	
Zip / Country	Zip / Country
32211 / USA	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1001816 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $30.00 Additional for Certified Copy or Certificate of Status

7. Name and Address of Current Registered Agent

Name: Eldon DeLewis, Ph.D.
Street Address (P.O. Box Number is Not Acceptable): 1557 Cesery Blvd.
Suite, Apt. #, Etc.: Jax. Fl. 32211
City: Jacksonville — State: FL — Zip Code: 32211

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Eldon A. DeLewis Ph.D. Date: 9-12-01
REGISTERED AGENT MUST SIGN

CR2E041 (9/95)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Johannes B. Van Zyl	14 Mopel Ave Proteavi Park	0305 Rustenburg South Africa
SD	Deon Van Staden	1557 Cesery Blvd.	Jax. Fl. 32211
VD	Eldon DeLewis Ph.D.	2044 Sprinkle Dr.	Jax. Fl. 32211
T	Patricia DeLewis	2044 Sprinkle Dr.	Jax Fl. 32211

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: Patricia A. DeLewis — 9-12-01 — 904-743-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia A. DeLewis