

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 APR 26 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000003936**

1. Corporation Name

**BLOODLINE PRODUCTIONS MINISTRIES, INC.**

2. Principal Office Address

**4333 KANDRA COURT**

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

Zip

**32812**

Country

**ORANGE**

3. Mailing Office Address

**4333 KANDRA COURT**

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

Zip

**32812**

Country

**ORANGE**

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/24/1999**

5. FEI Number

**59-3582721**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**COBB-TAYLOR, WALTHA MAE**

Street Address (P.O. Box Number is Not Acceptable)

**4333 KANDRA COURT**

Suite, Apt. #, Etc.

City

**ORLANDO,**

State

**FL**

Zip Code

**32812**

**300004193533-6**  
**05/11/01-01001-026**  
**\*\*\*\*245.00 \*\*\*\*245.00**  
**LS**

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

*Waltha Cobb-Taylor*

REGISTERED AGENT MUST SIGN

Date

**4/22/01**

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     | COBB-TAYLOR, WALTHA MAE           | 4333 KANDRA COURT                              | ORLANDO, FL 32812      |
| VD     | TAYLOR, GEORGE A.                 | 4333 KANDRA COURT                              | ORLANDO, FL 32812      |
| SD     | PHELPS, DEMETRICH                 | 1981 W. 6TH STREET                             | JACKSONVILLE, FL 32209 |
|        |                                   |  | 5/17/00 90856/015      |
|        |                                   |  | \$61.25                |

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:

*Waltha Cobb-Taylor*

WALTHA COBB-TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/01**

Date

**407/857-9007**

Daytime Phone #

CR2E081 (9/99)