

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherin Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000004754**

**1. Corporation Name**

**The Way of the Word Ministries, Inc.**

**N99000004754**

**2. Principal Office Address**

**8159 Arlington Expressway**

Suite, Apt. #, etc.

**Bldg. #11**

City & State

**Jacksonville, Florida**

Zip

**32211**

Country

**USA**

**3. Mailing Office Address**

**1870 Hardee St.**

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

Zip

**32209**

Country

**USA**

**REINSTATEMENT 00-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**Aug. 4, 1999 SP**

**5. FEI Number**

**59-3567076**

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

**Min. James S. Harris**

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

**11517 Birch forest Cir. E.**

Suite, Apt. #, Etc.

City

**Jacksonville**

**900004195199-8**

**-05/11/01--01028--006**

**\*\*\*\*\*245.00 \*\*\*\*\*245.00**

**900004195199-8**

**-05/11/01--01028--007**

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

State

**FL**

Zip Code

**32218**

**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

**James S. Harris**

REGISTERED AGENT MUST SIGN

Date **4/3/01**

**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
PO	Apostle Homer L. Burch Pd	1870 Hardee St.	Jax. Fl. 32209
VO	Evangelist Patricia Burch Vd	1870 Hardee St.	Jax. Fl. 32209
SD	Sandra Washington Sd	8148 Morristown Tr.	Jax. Fl. 32244
TD	Min. Bobbie Kemp Td	P.O. B. 52344	Jax. Fl. 32201

**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:

**Homer L. Burch**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/4/01**

Daytime Phone #

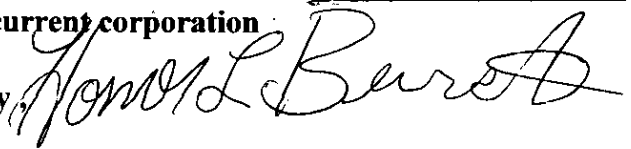
**904358.8220**

CR2E081 (9/00)

**THE WAY OF THE WORD MINISTRIES  
8159 ARLINGTON EXPRESSWAY BLDG 11  
JACKSONVILLE FLORIDA 32211  
PH.904 7246429**

**TO: DEPARTMENT OF STATE (DIVISION OF CORPORATIONS)  
FROM: THE WAY OF THE WORD MINISTRIES INC. (PRESIDENT HOMER  
BURCH)  
SUBJECT: COVER LETTER, WITH NAME AND ADDRESS, ATTACHED  
ARTICLES OF CORPORATION AMENDMENT FEE CHECK FOR THE  
AMOUNT OF \$236:25 dollars plus \$8:75 for copy of current corporation  
document.**

Sincerely,

A handwritten signature in dark ink, appearing to read "Homer Burch", written over a horizontal line.

**Pastor Homer Burch  
THE WAY OF THE WORD MINISTRIES**

**SINCERELY,**

**HOMER BURCH  
THE WAY OF THE WORD MINISTRIES**