

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAR 14 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002484

1. Corporation Name
Winds of Truth, Inc.
25955 S.W. 122nd Court
Miami, Florida 33032

2. Principal Office Address
25955 S.W. 122nd Court

3. Mailing Office Address
25955 S.W. 122nd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33032

Country
U.S.A.

Zip
33032

Country
U.S.A.

REINSTATEMENT 03-05
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 04/14/00

5. FEI Number
651007259

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
Deborah Jacobs

Street Address (P.O. Box Number is Not Acceptable)
25955 S.W. 122nd Court

400048825244
03/22/05--01003--017 **355 75

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33032

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 Deborah Jacobs
REGISTERED AGENT MUST SIGN

Date 3-7-05

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 |
|---------|-----------------------------------|--|----------------------|
| Pres. | Deborah Jacobs | 25955 S.W. 122nd Avenue | Miami, Florida 33032 |
| V.Pres. | Ronald Jacobs | 25955 S.W. 122nd Avenue | Miami, Florida 33032 |
| Sec. | Lee Fleming | 12401 S.W. 185th Terrace | Miami, Florida 33177 |
| Tres. | Thelma Fleming | 12401 S.W. 185th Terrace | Miami, Florida 33177 |
| | | | |
| | | | |

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: Deborah Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05
Date Daytime Phone #

CR2E081 (01/05)