


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 26 PM 2:05

DOCUMENT # **703763**

1. Corporation Name  
**SUNSET PRESBYTERIAN CHURCH OF FORT LAUDERDALE, I NC.**

Principal Place of Business <b>3550 DAVIE BOULEVARD FT LAUDERDALE FL 33312-3438</b>	Mailing Address <b>3550 DAVIE BOULEVARD FT LAUDERDALE FL 33312-3438</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida **03/21/1962**

5. FEI Number **59-0935811**

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>T D</b>	<b>HUSZAR, GWEN</b>	<b>3550 DAVIE ROAD</b>	<b>FT LAUDERDALE FL 33312</b>
<b>D</b>	<b>GALLANT, MARIE</b>	<b>3550 DAVIE BLVD</b>	<b>FT LAUDERDALE FL</b>
<b>SD</b>	<b>OGDEN, GRACE</b>	<b>3550 DAVIE BLVD</b>	<b>FT LAUDERDALE FL</b>
			<b>688884677986 8</b> <b>-11/14/01--01019--020</b> <b>****245.00 ****245.00</b>

8. Name and Address of Current Registered Agent <b>OGDEN, GRACE 3550 DAVIE BLVD. FORT LAUDERDALE FL 33312</b>	9. Name and Address of New Registered Agent Name <b>Gwen Huszar</b> Street Address (P.O. Box Number is Not Acceptable) <b>3550 Davie Blvd</b> Suite, Apt. #, Etc. <b>Fort Lauderdale, Fl.</b> City <b>Fort Lauderdale, Fl.</b> State <b>FL</b> Zip Code <b>33312</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Gwen Huszar* Date **10-23-01**  
 REGISTERED AGENT MUST SIGN

11. 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: *Gwen Huszar* **Gwen Huszar** **10-23-01** **954-752-8572**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/01)