

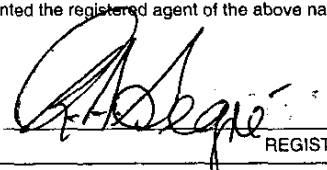
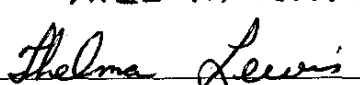


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED</p> <p>04 FEB 13 AM 9:48</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>REINSTATEMENT 03-09</p>  <p>000024863480 02/13/04--01036--001 **\$1.25</p>
<p>DOCUMENT # 711174</p> <p>1. Corporation Name</p>		<p>REDEEMER LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA, INC.</p>	
<p>Principal Place of Business</p> <p>3500 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1113</p>		<p>Mailing Address</p> <p>3500 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1113</p>	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>			
<p>2. New Principal Office Address, If Applicable</p>		<p>3. New Mailing Office Address, If Applicable</p>	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>	
<p>City & State</p>		<p>City & State</p>	
<p>Zip</p>		<p>Zip</p>	
<p>Country</p>		<p>Country</p>	
		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: right;">07/12/1966</p>	
		<p>5. FEI Number</p> <p style="text-align: right;">05-0089103</p>	
		<p>Applied For</p> <p>Not Applicable</p>	
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 3875 Additional Fee required for a Certificate of Status</p>	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LEWIS, THELMA	1475 NW 80TH AVE, UNIT 2 4330 NW 50 Ave	SUNRISE FL 33319 Lauderdale Lakes 33319
VD	HUGO, JOSEPH	7512 NW 3RD CT	PLANTATION FL 33317
TD	HENRY, MADGE	3461 N.W. 26TH ST	LAUDERDALE LAKES FL 33311
FS	SEGRE, TONY	2780 S OAKLAND FOREST DRIVE UNIT	OAKALND PARK FL 33309
S	MATTHEW, JOSEPH	7512 NW 3RD CT	PLANTATION FL 33317
<p>8. Name and Address of Current Registered Agent</p> <p>LECATES, WILLIAM 412 SE 12TH STREET FT. LAUDERDALE FL 33316</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name: TONY SEGRE</p> <p>Street Address (P.O. Box Number is Not Acceptable): 4757 N.W. 21ST ST</p> <p>Suits, Apt. #, Etc.: 024863480</p> <p>City: LAUDERHILL</p> <p>State: FL Zip Code: 33313</p>	
<p>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. or 617.0505, F.S.</p>			
<p>Signature of Registered Agent: </p>		<p>Date: 1/30/04</p>	
<p>REGISTERED AGENT MUST SIGN</p>			
<p>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.</p>			
<p>THELMA LEWIS</p>			
<p>SIGNATURE: </p>		<p>Date: 1/30/04 Daytime Phone #: 954-484-1463</p>	
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			