

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION FOR REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 MAR -2 AM 10:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 765025

1. Corporation Name

FAITH WORLD, INCORPORATED

Principal Place of Business

Mailing Address

548 WHITCOMB BLVD.
 TARPON SPRINGS FL 34689

P. O. BOX 125
 TARPON SPRINGS FL 34688



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98 a. Allen

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/16/1982 3/2/98	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2215819	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HALE, LESLIE S	12540 BRONCO DRIVE	TAMPA FL 33626
VD	HALE, MAUREEN	12540 BRONCO DRIVE	TAMPA FL 33626
TD	HALE, RUTHANNE	12540 BRONCO DRIVE	TAMPA FL 33626
PD	HALE LESLIE S	548 WHITCOMB BLVD	TARPON SP FL 34689
VD	HALE MAUREEN	548 WHITCOMB BLVD	TARPON SP FL 34689
TD	HALE RUTHANNE	548 WHITCOMB BLVD	TARPON SP FL 34689

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALE, RUTHANNE
 548 WHITCOMB BLVD.
 TARPON SPRINGS FL 34689

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 200002447382-7
 City -03/04/98--01110--001
 FL 297.50

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 *Ruthanne Hale*
 REGISTERED AGENT MUST SIGN

Date Feb 25th 98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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: *Ruthanne Hale* Date: 2/25/98 (813) 938-0112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR22040 (8/97)