


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV -1 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 813530

1. Corporation Name  
BAPTIST MISSION OF NORTH AMERICA, INC.

Principal Place of Business Mailing Address  
1250 W. MOUND ROAD 1250 W. MOUND ROAD  
DECATUR IL 62526 DECATUR IL 62526  
US US

*Handwritten initials*



REINSTATEMENT 2001

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		4. Date Incorporated or Qualified To Do Business in Florida 04/17/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 34-0718097	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	4 City / State / Zip
TD	COLAS, RALPH	625 EAST 4TH	BETHLEHEM PA 18015
SD	SPENCER, BRIAN	7 S. GARDEN NE	BATTLE CREEK MI
CPD	WOODWORTH, RICHARD	3843 NORTHBROOK DR.	DECATUR IL
			000004694980--6 -11/27/01--01046--004 ****236.25 ****236.25

8. Name and Address of Current Registered Agent GUTBERLET, EARL 2801 GRAYSON STREET ORANGE CITY FL 32763		9. Name and Address of New Registered Agent Name: CHRIS HINDAL Street Address (P.O. Box Number is Not Acceptable): 5818 JAWIELS ROAD Suite, Apt. #, Etc.: City: FT MYERS State: FL Zip Code: 33912	
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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: *Chris L. Hindal* Date: 10-29-01

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: *Richard Woodworth* 10-16-2001 217-675-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)