PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # N 2-2625 1. Corporation Name 03 DEC 31 AM 10: 48		
Tefferson Count	4 Ministers Conference	
2 ans Ashville	2d.	
monficello, Fl.	31344	
2. Principal Office Address R.J. 2925 ASS VILE R.J. Monfice 10/Fl. 32344 Suite, Apt. #, etc.	3. Mailing Office Address \$57 Pinerwoods Address Manficello, Fl. 32344 Suite, Apt. #, etc.	ENSTATEMENT 02-03
Suite, Apr. #, etc.	Suite, Apr. #, etc.	4. Date Incorporated or Qualified To Do Rusiness in Florida
Monticello F(,	Monticello, Pli	To Do Business in Florida 9-12- 1987 5. FEI Number Applied For Not Applicable
	32344 Country USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
Monticello	contraction with the contraction of the contraction	State Zip Code FL 32344
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 PREGISTERED AGENT NUST SIGN Date (22-22-250-3)		
Name of	r and/or Director (Florida nonprofit corporations must list at l	h l
Titles Officers and/or Dire		
Pres. Jimmy Bro	oking 2925 Ashville	Rd. Monticello, H. 32344
V. Pres. Ben Ranson Jr. 857 Piney woods Rd Monticello, Fl. 3234		
Sec. James Red	man 382 E. Glenn	Rd Monticello, Fl. 32344
V. Dres Albert Biv	in 5 Jr. 1015 5. Jeff	Sf. Monticello, Fl. 32344
Trea, Herbert Th	suras 85 Jubilee (n. Montrello, F1.32344
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 filling 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: SIGNATURE: Date Daytime Phone #		

1-3/-2003 Jonf. Inc. Lousan