PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000088**

1. Corporation Name

CELESTIAL CHURCH OF CHRIST (UNITED STATES OF AM ERICA DIOCESE) AND USA CCC CENTRAL CONTROL & REG

Mailing Address	Principal Place of Business
1281 INDEPENDENCE DRIVE BAY HILLS LANDING ORANGE PARK FL 32210	1281 INDEPENDENCE DRIVE BAY HILLS LANDING ORANGE PARK FL 32210

If above addresses are incorrect in any way, ...

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
9652 HOOD ROAD	9652 HOOD ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32257-1141 Country: USA	Zip: 32257-1141 Country: USA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/1992
5. FEI Number: 65-0382800 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED [ ] — **$8.75 Additional Fee required for a Certificate of Status**

93 ... TALLAHASSEE, FLORIDA

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

REINSTATEMENT 94-99 B 5/4/99

Title(s) 1	Name of Officers and/or Directors 2	Street Address	City / State / Zip
CD	BADA, ALEXANDER A	~~7901 BAYMEADOWS CIR E (304)~~ 9652 HOOD ROAD	JACKSONVILLE FL ~~32256~~ 32257-1141
D	AJANLEKOKO, SAMUEL O	~~7901 BAYMEADOWS CIR E (304)~~ 9652 HOOD ROAD	JACKSONVILLE FL ~~32256~~ 32257-1141
D	AJOSE, PHILIP H	~~7901 BAYMEADOWS CIR E (304)~~ 9652 HOOD ROAD	JACKSONVILLE FL ~~32256~~ 32257-1141
D	ADEFESO, OLAYINKA F	~~7901 BAYMEADOWS CIR E (304)~~ 9652 HOOD ROAD	JACKSONVILLE FL ~~32256~~ 32257-1141
SD	OGUNLESI, OLUREMI O	~~7901 BAYMEADOWS CIR E (304)~~ 9652 HOOD ROAD	JACKSONVILLE FL ~~32256~~ 32257-1141
D	BANJO, SAMSON O	~~7901 BAYMEADOWS CIR E (304~~ 9652 HOOD ROAD	JACKSONVILLE FL ~~32256~~ 32257-1141

8. Name and Address of Current Registered Agent

SHONECAN, GODWIN B
7901 BAYMEADOWS CIRCLE EAST
SUITE 304
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name: SHONEKAN, G. BOLANLE
Street Address (P.O. Box Number is Not Acceptable): 9652 HOOD ROAD
Suite, Apt. #, Etc.
City: JACKSONVILLE State: FL Zip: 32257-1141

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********543.50 *******543.50

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: [signature] Date: 4-22-99

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 4-22-99 (904) 614-3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E042 (6/94)