

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

1997 OCT -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000005739

1. Corporation Name
HARVEST Time International Ministries, Inc.

Principal Place of Business: 130 Coastline Road, SANFORD, FL 32771
Mailing Address: P.O. Box 915354, Longwood, FL 32719

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

2. New Principal Office Address, If Applicable 130 Coastline Road Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11-21-94
City & State Sanford, Florida	City & State	5. FEI Number 54-1698630
Zip 32771	Country Seminoles	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
Ex. Dir.	Arthur J. Murphy Jr.	310 Pickering Ct. Longwood, FL 32779	Longwood, FL 32779
V. Pres.	Mary H. Murphy Jr.	310 Pickering Ct.	Longwood FL 32779
Pres.	Larry Keefer	308 Still Forest Terrace	Sanford, FL 32771
Secy/Treas.	Cliff Hooper	130 Hamlet Lane	Wetumpka Springs, FL
Dir	Peter Lucyk	1601 Bear Lake Crossing Circle	Apopka, FL 32703
Dir	Richard Grossman	985 Almond Tree Circle	Orlando, FL 32835

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Arthur J. Murphy Jr. 310 Pickering Court Longwood, FL 32779	Name Street Address Suite, Apt. #, Etc. City State FL Zip Code
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REINSTATEMENT *abg/ef/ah*

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: *Arthur J. Murphy Jr.*
REGISTERED AGENT MUST SIGN

000007315260-7
Date: 10/08/97-01089-007
****306.25 ****306.25

11. 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.)

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)(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: *Arthur J. Murphy Jr.* - Arthur J. Murphy Jr. 10-03-97 407/774-2812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)