

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAY -2 PM 3:26

DOCUMENT # **N95000000206**

1. Corporation Name

FINAL HARVEST INTERNATIONAL CHURCH, INC.

Principal Place of Business

11609 S. ORANGE BLOSSOM TRAIL
 SUITE 203
 ORLANDO FL 32837
 US

Mailing Address

P.O. BOX 770924
 ORLANDO FL 32837
 US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/12/1995

5. FEI Number

59-3295310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

000004217860--8
 -05/15/01--01092--017
 ****297.50 ****297.50



REINSTATEMENT 00-01

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LANDRAU, PETER	2607 PARSELY DRIVE	ORLANDO FL 32837
SD	HIRALDO, NILSA	163 HIDDEN SPRINGS	KISSIMMEE FL 34743
T	HORACIO GUEVARA	13348 FAIRWAY GLENN #202	ORLANDO FL 32824
P/D	LANDRAU, PETER	15711 AVLEIGH Circle	Orlando, FL 32824
S/D	Daisy Maldonado	830 Jenkins Street	Kissimmee, FL 34741
T/D	Eddie Basora	13615 Tetherline Trail	Orlando, FL 32837

8. Name and Address of Current Registered Agent

LANDRAU, PETER REV.
 1577 AVLEIGH CIR
 ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

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]
 REGISTERED AGENT MUST SIGN

Date

11/1/00

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:

Eddie Basora
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

Daytime Phone #

CR2E040 (8/00)