DI TAOT DEAD	ALL INICEPHOTIONIC	DECODE ACMOUNT	TIME FORM		
APPLICATION FOR REINSTATEMENT	FLO UDAG PAR 15 Scretary of		ING THIS FORM.	0	
DOCUMENT # N 9500000 4192 1. Corporation Name Christian Life Foundation Ministries Incorporated			98 APR 28 AM 10: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 9026 NW 20 OWERUE MIGMI FLOCI da 33147		. 178	0000250 71 68 -05/01/9801008- ****131.25 ****	002	
If above addresses are incorrect in any way, line t 2. New Principal Office Address. If Applicable Suite, Apt. #, etc. -City & State	3. New Mailing Office Address, If Suite, Apt. #, etc. City & State	Applicable 4. Date Incommon To Do Business 5. FEI Number 6. 6.	CAA-11	Applied For	
Zip Country	Zip Countr	CERTIFICAT		nat Fee required, cate of Status	
7. Names and Street Addresses of Each Officer and Title(s) 2 Name of Officers and/or Directors	Str Of	ations must list at least 3 directors) reet Address of Each fficer and/or Director se Post Office Box Numbers)	City / State / Zip		
prindent James Telly	D 12340	W. Golf Drie	Meam, FL 3311	67	
Devicor Ivary Allen 2445 New 87 Terrace Miami FL 33147					
Geasurer Edna Cooley 1 1521 NW 56 thet Minni FL 33142					
secreta Edna Ramse	~	SW 19th street	Hollywood, FL		
Member Dorothy Julmistel 730 Curtis Drive Opn-Locka FL 33054					
8. Name and Address of Current Registered Agent 9			9. Name and Address of New Registered Agent		
James Terry 12340 W. Golf Drive miami FL 3211845		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10! I, being appointed the registered agent of the above hamed conforation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		Date . 4/8/9	8.	
11. This corporation dwes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
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 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.					
			1/8/90		
SIGNATURE: SIGNATURE AND TYPED OR P	HINTED NAME OF SIGNING OFFICER OR C	DIRECTOR	Date Daytime Phone	·- ·	



CHRISTIAN LIFE MINISTRIES, INC.

9026 Northwest 20th Avenue Miami, Florida 33147 Reverend James Terry, Pastor/Teacher

Chief Executive Officer
James L. Terry
Chair Deacon
Deacon. Ivary Allen
Secretary
Sis. Edna Ramsey
Financial Secretary
Sis. Debra Briggs
Treasurer
Sis. Edna Cooley

April 3, 1998

To Whom it may concern,

According to your records our mailing address is P. O. BOX 70035. The correct mailing address is P. O. BOX 470035. Enclosed is a form with the correct address and other relevant information, and a check in the amount of \$122.50 for 1997 & 1998.

If you need more information please contact me at (305) 685-7771. Thank you for your help and support to us in reestablishing our corporate status.

Sincerely,

James Terr