

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 JAN 27 PM 3:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000578**
 1. Corporation Name
INTERNATIONAL ALTERNATIVE MINISTRIES, INC.

Principal Place of Business Mailing Address
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 434 DONORA ST.	3. New Mailing Office Address, If Applicable 434 DONORA ST.	4. Date Incorporated or Qualified To Do Business in Florida 01/29/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0640618
City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL	Applied For Not Applicable
Zip 33948	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
PD	Rev. Glenn C. ABEL	15460 Lime DR.	Punta Gorda, FL 33955
TD	DOROTHY ABEL	15460 Lime DR.	Punta Gorda, FL 33955
		Ⓜ Mailing address: P.O. Box 510906	Punta Gorda, FL 33951-0906
SD	Rev. Peter Friedrich	434 DONORA ST	PORT CHARLOTTE, FL 33948
			a. now 1/27/98

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name Rev. Peter Friedrich
	Street Address (P.O. Box Number is Not Acceptable) 434 DONORA ST. 416483--9
	Suite, Apt. #, Etc. 300002416483--9
	City PORT CHARLOTTE FL 33948

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 *Edna M. Lindink* REGISTERED AGENT MUST SIGN Date January 21, 1998

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: *Glenn C. Abel* **Glenn C. Abel** January 23, 1998 941-595-9182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE0-00 (1/2/96)