

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT
 DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 22 PM 5:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000003893

1. Corporation Name
EL SHADDAI CHRISTIAN CHURCH INC

Principal Place of Business Mailing Address
 9421 S ORANGE BLOSSOM TRAIL SUITE 14 ORLANDO FL 32837
 9421 S ORANGE BLOSSOM TRAIL SUITE 14 ORLANDO FL 32837



7/16/99 90010/022 \$101.25

If you have corrected information, please indicate by any way. Enter through incorrect information and enter correction below.

2. Current Mailing Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/07/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3455931	
Country		Country		Applied For	
				Not Applicable	
				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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ACEVEDO, NICK	487 CHICAGO WOODS CIR	ORLANDO FL 32824
VD	VARGAS, DAVID	1739 BROOK HOLLOW DR	ORLANDO FL 32824
SD	ACEVEDO, YORDANIA	487 CHICAGO WOODS CIR	ORLANDO FL 32824
SD	CALDERON, EDDA	415 CHICAGO WOODS CIR	ORLANDO FL 32824
TD	GONZALEZ, JOSE	223 N FINLEY AVE	KISSIMMEE FL 34741

8. Name and Address of Current Registered Agent

ACEVEDO, NICK
 487 CHICAGO WOODS CIRCLE
 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	Zip Code
	FL	

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.

Nick Acevedo
 REGISTERED AGENT MUST SIGN

Date 11/18/99

11. I certify that I am an officer or director of 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: *Yordania Acevedo* Yordania Acevedo 11/18/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E040 (8/99)

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November 10, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

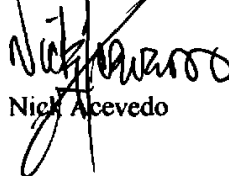
Re: El Shaddai Christian Church, Inc.
Document#: N97000003893

Dear Sir/Madam:

This letter is in response of your notice of administrative dissolution or revocation of the corporation. On June 24, 1999 check number 1983 was sent to Florida Department of State for the amount of \$61.25 to cover our annual report fee. The Department of State deposited the check and said check was cash by its bank. We did not receive any notice of cancellation so we assumed that everything was in order. Therefore I am asking your department to please waive the late payment/reinstatement fee.

Enclosed please find front and back copy of the cancelled check. Any assistance provided regarding this matter would be greatly appreciated. If you have any questions please contact me at (407) 859-2358.

Very truly yours,



Nick Acevedo

Enclosure