					-				
SA DI	PLEASE REA			S BEFORE C	OMPLETI	ING THIS FO	RM.		
FOR		Katherine Harris Secretary of State			FILE	Ť)			
	STATEMENT	S <mark>#ATIOU</mark> S	01 VAR 13 64 10: 16						
DOCUMENT # 768617 1. Corporation Name						SECRETARY OF STATE			
CATHEDRAL OF PENTECOST, INC.						TALLAHASISE	E. 1 CO. III		
Principal Pl	ace of Business	Mailing Addr		.*	60	0 00045 3 -08/14/01	33 79 6 (01040-	-018 543	
2248 Mears Parkway						****245. 1000453		245.001 <i>41</i> 2	
Margate; FC 33063 VJ0 1000 17246 If above addresses are incorrect in any way, line through incorrect information and enter correction below.						-08/14/01 ****183.	01040-		
2. New Prin	ncipal Office Address, If Applicable O Pine Island Ro	1. 3. New Mail	og Office Address, If Applicable 4 Date			orated or Qualified less in Florida	5-25-	1983	
Suite, Apt. #, etc. Suite, Apt. #,			etc.	· ·	5. FEI Number		_	Applied For	
City & State Day 16, FC Zip Country Zip Country Zip Country			ie, Ft		6.	2290885	S8.75 Additio	Not Applicable	
532	and Street Addresses of Each Officer	375	28		Tor a Certificate of Status			icate of Status	
Title(s)	Name of Officers and/or Directors	i	reet Address of Each ifficer and/or Director Jse Post Office Box N	1	4 C	ity / State / Zip			
P	DAVID T. El	12909 NW 23-2 ST.			Pembroke	Pines,	FL 33021		
S	S MElanie Elms			12909 NW 23 RD ST.			Pines	FL 33026	
T	Susan LES	1302 SW 178 WAY			PEMBROKE	Pines,	FL 33029		
D	MARTY SALA	11061 SW 30 COLET			DAVIE	FL 3	3328		
D	EDDIE LEONA	nD	1521 Car	HEORAL D	RIVE	MARGATE	, FL 3	3063	
	8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent								
D -	8. Name and Address of Curr			DAVID	T. Elw	.,	tered Agent	81 (12/98)	
:64°	TO T. Elms TO ROCK BEAUTY	TERRACE	- ,	Street.Address.(F	t Address (P.O. Box Number is Not Acceptable)				
Mi	RGATE FL	33			State Zip Coo	de ,			
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.								3026	
Signature of Registered	Agent / New. Davig	REGISTERED AG	ENT MUST SIGN			Date	23-01		
	is corporation owes the angible Personal Prop			Yes	□ No) Z	(See of	her side for infor in 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 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.									
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date									

CORPORATION(S) NAME

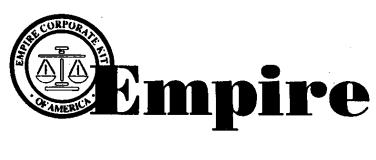
Acknowledgment

W.P. Varifier

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	thedral of Pen	kost, INC.
Service of the servic		
DEP DEVISION 2001		
() Profit () NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	() Mark
Limited Partnership) Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
() Certified Copy	() Photo Copies	Certificate Under Seal
() Call When Ready (Walk In (() Cail If Problem) Will Walt (() After 4:30 Pick Up () Mall Out
Name Avallability	1	
Document		
Examiner		
Jpdater		
Verifier		

I'M HERE!

OTELECOPIER TRANSMITTAL FORM



2444 NW 7 Place
Miami, Florida 33127

Telephone: (305) 634-3694 Fax: (305) 633-9696

(800)432-3028

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