PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		1
CORPORATION REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # 700371	0	04 APR -2 PM 2: 37
1. Corporation Name		none (Archini de Conto) TALLAHASSEE, FLORIDA
St. Mary's Wesleyan 1	Methodist Church, In	TALLAHASSEE, FLORIDA
	<u>, </u>	
4798 N.W. 8th Ave	Mailing Office Address 4798 N.W. 8th Ave Suite, Apt. #, etc.	
		4. Date Incorporated or Qualified To Do Business in Florida 0 -29-60
	Miami Fl	5. FEI Number Applied For Not Applicable
	33177 115	6. SETTIFICATE OF STATUS PROJECT S8.75 Additional Fee required
2211 43	7. Name and Address of Current Register	Tor a Centilicate of Status
Name C 1 1 2		
GIGD Stone Hunter, JT. Street Address (P.O. Box Number is Not Acceptable) 800031663968		
7200 Port	Marnock Drive	800031663968 04/02/0401004008 **78.75
Suite, Apt. #, Etc.		ļ
City Miami		State Zip Code FL 330!5
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Studstone	Hunte .	Date 4-1-04
REGIS	STERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	
T Larry Hunter	1261 N.W. 173rd	Terr. M:ani, Fl. 33056
T Wright Harris	5 9960 N.W. 11th S	Street Plantation, Fl. 33322
T Yvonne F. Harr'	.s 9960 N.W. 1145	treet Plantation, F1. 33322
P Gladstone Hunte	er, Jr. 7200 Port Marno	K Drive Miami, Fl. 33015
T Esme Bain	[6035 N.W. 274	Place Miani, Fl. 33055
CD Langston O. Long	lev 1875 N.W. 172 Nd	Ferr. Miami, Fl. 33056
10. 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 fling 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: Wonne 7. Harris Vonne F. Harris 4/1/04 954-258-8383 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # Date		

Saint Mary's Wesleyan Methodist Church, Inc.

4798 Northwest 8th Avenue Miami, Florida 33127 305-758-1601

April 1, 2004

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Department of State Divisions of Corporations 409 East Gaines Street Tallahassee, Fl. 32399

Attention Divisions of Corporations

Subject: Corporation Reinstatement for St. Mary's Wesleyan Methodist Church, Inc.

Please note that payment for \$236.25 has already been received by the State for reinstatement and for filing fees for year 2003. This payment is for filing fees year 2004, and for two certified copies.

State fees

\$61.25 filing fee for 2004

17.50 two certified copies

State total

\$78.75

You may contact me at either 954-475-0098, cell 954-258-8383, or fax 954-472-8122 if additional information is desired.

Yours truly,

Yvonne Harris

Church Treasurer/Trustee