

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720664

1. Corporation Name

Plymouth Brethren
 Miami Gospel Chapel, Inc.

W99-000018717

Principal Place of Business

Mailing Address

Same

10900 N.W. 19 Avenue
 Miami, Fl. 33167

FILED

97 SEP -8 AM 11:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT *96-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

4/5/71

Suite, Apt. #, etc. N/A

Suite, Apt. #, etc. N/A

5. FEI Number
 23-7356261

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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
P	Bryan, Hopeton <i>"D"</i>	1901 NW 105 Ave.	Pembroke Pines, Fl 33026
VP	Carter, Michael	6300 Sedgewyck Cir. W.	Davie, Fl. 33331
T	Brennan, Luie <i>"L"</i>	199-30 NW 8 St.	Pembroke Pines, Fl. 33029
S	Grant, Donat <i>"D"</i>	538 Slippery Rock Rd.	Ft. Lauderdale, Fl. 33327
			400002289704--1 09/10/97 01089-002 ***306.25 ***306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Frederick G. King
 1775 N.E. Street
 Miami, Fl. 33181

Name
Luie Brennan
 Street Address (P.O. Box Number is Not Acceptable)
 199-30 NW 8 Street
 Suite, Apt. #, Etc.
 City
Pembroke Pines State **FL** Zip Code **33029**

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

Luie Brennan
 REGISTERED AGENT MUST SIGN

Date *8/6/97*

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: *Luie Brennan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Luie Brennan

Date *8/6/97* Daytime Phone # *1514 305-416-1067*

CPR2040 (12/95)