


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CLERK OF STATE
DIVISION OF CORPORATIONS
02 FEB -8 AM 10:54

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734938
 1. Corporation Name
GYLAND EVANGELISTIC MINISTRIES, INC.

2. Principal Office Address 3366 ROYAL PALM DR.		3. Mailing Office Address 3366 ROYAL PALM DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA	
Zip 32250	Country USA	Zip 32250	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **02/11/1976**

5. FEI Number **59-2331243** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

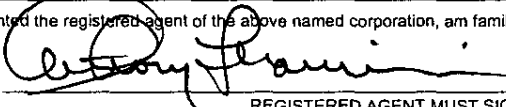
Name **ANTHONY F. MARINUCCI**

Street Address (P.O. Box Number is Not Acceptable) **9570 REGENCY SQUARE BLVD.** **320004926653**

Suite, Apt. #, Etc. **02/14/02-01085-017**
******122.50 ****122.50**

City **JACKSONVILLE** State **FL** Zip Code **32225**

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.

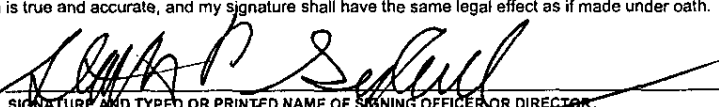
Signature of Registered Agent  Date **02/07/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	STEPHEN P. GYLAND	3366 ROYAL PALM DR.	JACKSONVILLE, FL. 32250
VD	ROSELLEN C. GYLAND	3366 ROYAL PALM DR.	JACKSONVILLE, FL. 32250
T	MARY STRITCH	574 CARINA LANE	JACKSONVILLE, FL. 32225
SD	CONNIE CENAC	9570 REGENCY SQUARE BLVD.	JACKSONVILLE, FL. 32225
D	NELS GYLAND	14567 LAGOON DRIVE	JACKSONVILLE, FL. 32250
D	DWIGHT CENAC	9570 REGENCY SQUARE BLVD.	JACKSONVILLE, FL. 32225

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 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)(f), 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:  Date **02/07/02** Daytime Phone # **904-223-5522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN P. GYLAND, PRESIDENT

CR2E081 (9/01)

GYLAND EVANGELISTIC MINISTRIES, INC.

3366 Royal Palm Drive
Jacksonville, Florida 32250

February 7, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Gyland Evangelistic Ministries, Inc.
Corporation Reinstatement

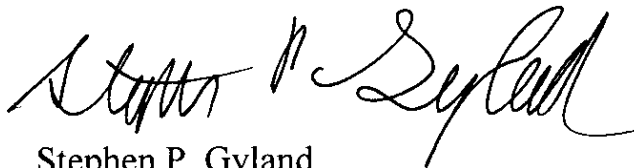
Dear Sir / Madam:

I represent to you that the 2001 Uniform Business Report (UBR) for Gyland Evangelistic Ministries, Inc. was never received and thus never filed resulting in an involuntary dissolution.

Accordingly, the enclosed Corporation Reinstatement Application together with Check # 975 in the amount of \$ 122.50 are forwarded for the purpose of reinstatement of the corporation.

Thank you.

Sincerely yours,



Stephen P. Gyland
President