PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

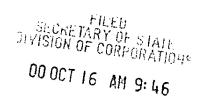


FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 74289

1. Corporation Name



20TH	ST. CH	URCH OF CHR	ST, INC.							
Principal Place of Business			Mailing Address				_			
820 20TH STREET SOUTH ST. PETERSBURG FL 33712-2349			820 20TH STREET SOUTH ST. PETERSBURG FL 33712-2349							
If above a	iddresses are	incorrect in any way, line the	nrough incorrect in	nformation a	nd enter o		reins'	TATEMEN	00	
2. New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 05/17/1978			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For				
City & State			City & State				59-2375028 Not Applicable			
Zip	p Country		Zip		Country	у	6. CERTIFICATI		3.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ac	dresses of Each Officer an	d/or Director (Flo	rida nonprof						
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3				City / State / Zip		
PD	WASHINGTON, WILLIE			2670 FAIRWAY AVENUE SOUTH			1	ST. PETERSBURG FL		
VD	SKINNER, CURTIS			2500 66 TERR SO				SAINT PETERSBURG FL 33712		
TSD	BROWN, CARL M. JR.			4024 21ST STREET SOUTH			·· -	ST PETERSBURG FL		
D	SMITH, ROBERT E			5655 11TH ST S				SAINT PETERSBURG FL 33705		
D	MORRIS, FLOYD			734 42ND AVE SO			SAINT PETERSBURG FL 33705			
								Ano 20		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
	12.0			_		Name .				
BROWN, CARL M JR.						Street Address (P.O. Box Number is Not Acceptable)				
4024 21ST AVENUE SOUTH ST. PETERSBURG FL 33711				Suite, Apt. #, Etc.			. 78- SE	- 900003440439 - 3 -10/26/0001057008		
						City			te #2##062#36.25	

11. 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.

d agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/13/200 (727)891-8006 Date Daytime Phone #

Carl M. Brown Jr.

CR2E040 (8/00)