PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 94-00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 20 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754967

1. Corporation Name

Layman's Fellowship Ministries, Inc.

REINSTATEMENT 94-00

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2. Principal Office Address	**3.** Mailing Office Address
1506 South Valrico Rd.	1506 South Valrico Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico, Florida	City & State: Valrico, Florida
Zip: 33594 Country: USA	Zip: 33594 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: November 3, 1980

5. FEI Number: 59-2099030 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: C. Edward Harris

Street Address (P.O. Box Number is Not Acceptable): 1506 South Valrico Road

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-05/03/00--01106--003
****603.75 ****603.75

Suite, Apt. #, Etc.

City: Valrico State: FL Zip Code: 33594

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: [signature] REGISTERED AGENT MUST SIGN Date 4/18/2000

CR2E081 (9/99)

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
P/D	Robert F. Harris	3311-2 Manis Road	Sevierville, TN 37862
S/T/D	Terrelle J. Harris	3311-2 Manis Road	Sevierville, TN 37862
D	C. Edward Harris	1506 South Valrico Road	Valrico, FL 33594

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)(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] C. Edward Harris 4/18/00 813-684-8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #