


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 MAR 23 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756203

1. Corporation Name
THE UNIVERSAL CHURCH OF TRUTH, INC.

Principal Place of Business Mailing Address
3441 S.E. 93RD STREET
OCALA, FL. 34480

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1981	
City & State		City & State		5. FEI Number	
Zip		Country		54-2092728	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES. / D	REV. CAROLYN E. HOULIHAN	3441 S.E. 93RD ST.	OCALA, FL. 34480
VICE PRES. / D	REV. MICHAEL G. THOMAS	6919 WINDYRUSH RD.	CHARLOTTE, NC 28226
TREASURER / D	REV. MICHAEL G. THOMAS	6919 WINDYRUSH RD.	CHARLOTTE, NC 28226
SECRETARY / D	DIXIE L. THOMAS	6919 WINDYRUSH RD.	CHARLOTTE, NC 28226

REINSTATEMENT 94-98

8. Name and Address of Current Registered Agent

CAROLYN E. HOULIHAN
3441 S.E. 93rd ST.
OCALA, FL. 34480

9. Name and Address of New Registered Agent

Name: A. Alan
Street Address (P.O. Box Number is Not Acceptable): 323/98
Suite, Apt. #, Etc.: 400002469714--2
City: -03/26/98--01089--021
State: ****490-00 Zip Code: ****490-00
FL

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: Rev Carolyn E Houlihan
REGISTERED AGENT MUST SIGN
Date: 2-18-98

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: *Michael George Loman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-8-98
Daytime Phone #: 704-543-0995

CR20040 (12/96)