	PLEASE READ	TOM HA	DI ICTIONS	DEEODE O	OMPLET	NG THIS FOR			
PLEASE READ ALL IN: APPLICATION FOR REINSTATEMENT			DA DEPARTMENT OF STATE Sandra B. Mortham Secretage of Componentions		OWN LLT	FILE	D		
1. Corporat				98 DEC -8 PM 3: 11 SECRETARY OF STATE FALLAHASSEE, FLORIDA					
I-IMAIM	GADE CHURCH OF C	HRIST, INC) .						
Principal Place of Business Maili		Mailing Addr	failing Address						
			10250 S.W 107TH AVE MIAMI FL 33176						
If above addresses are incorrect in any way, line through in			incorrect information and enter correction below			REINSTATEMENT 98			
		<u> </u>	3. New Mailing Office Address, If Applicable			orated or Qualified ness in Florida	02/11/1983		
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State		5. FEI Number Applied		Applied For		
City & State Zip Country		Zip Zip					\$8.75 Additional Fee required for a Certificate of Status		
	Names and Street Addresses of Each Officer and/or Director (Flor			tions must list at lea	<u> </u>				
Title(s)	Name of Officers and/or Directors	OL A (114) CT			0000276.j 4 -12/11/99	1/ Q3 \$64			
D	MCLANE, RICHARD		10820 SW 61ST ST			MIAMI FE 331795.	00 ****236.25		
D	DANTA, EDMUNDO		1031 SW 124CT			MIAMI FL 33184			
D	Shalla, mill OUVER, FERNANDO		11910 SW 187 S+ 671 EAST 39TH ST		HIALEAH FL 33013				
DS	SUMNER, YANCEY	7860 SW 129TH TERR.			MIAMI SPRINGS FL 33156				
DP	THORNTHWAITE, JERRY	71 3 0 6 5 W 125 72 1780 S.W 139TH TERR			MAMIFL 33158				
DIP	BOOTHE, TOM	9221 S.W. 183 TERRACE			MIAMI FL	JB 12/10			
	8. Name and Address of Curre	Name			d Address of New Registered Agent				
INT er i 190-s.	ey, daniel Vational Place 17th Floor E-2ND-ST. FL 33131	Street Address (P.O. Box Numb 7860 6' Suite, Apt. #, Efc.			State Zip Code				
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 Registered Agent Page 11/19/98							7/98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X									
12. I certify this rein owed by	that I am an officer or director or the restatement application, the reason for digit the corporation have been paid and trapplication is true and accurate and my	ceiver or trustee e ssolution has been to names of indivi- signature shall ha	mpowered to execute neuron deliminated, the corporate duals listed on this for eave the same legal effective the same leg	orate name satisfies m do not qualify for ect as if made under solution of the satisfies of	the requirements an exemption un r oath.	s of section 607.0401 or 6 der section 119.07(3)(i),	617.0401, F.S., that all fees		
	SIGNATIONE AND TITED ON	, INTILU HAME OF		=======================================		\$ July 1			