PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 22 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768361

1. Corporation Name

BELIEVERS LIFE MINISTRIES, INC.

Principal Place of Business	Mailing Address
901 N.W. 62 ST. MIAMI FL ~~33056~~ US	2200 NORTHWEST 191ST STREET OPA LOCKA FL 33056

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33150 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/10/1983

5. FEI Number: 59-2288681 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SIMS, MICHEALANE	2200 NW 191ST ST.	MIAMI FL
SD	FRIERSON, EDWARD	1905 N.W. 5TH PLACE	MIAMI FL
SD	THOMPSON, MARILYN	1481 N.W. 44TH STREET	MIAMI FL
			TS

8. Name and Address of Current Registered Agent

THOMPSON,, MARILYN
1481 N.W. 44TH ST.
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/99)

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: Marilyn Thompson — Date: 10-21-99
REGISTERED AGENT MUST SIGN

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 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: Michealane Sims — 10-21-99 — 305/757-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

09/20/99 90009 004 6125

0028427 AP

Believers Life Ministries Worship & Training Center
Rev. Dr. Michealane M. Sims, Senior Pastor and Chief Overseer

Freedom Through Jesus

October 25, 1999

State of Florida
Division of Corporations/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

In response to our conversation on October 21, 1999, please consider the following:

I am submitting a copy of the cancelled check I sent for payment of renewal fees for our charter. We have not received any notices informing us of needed modification on our application. If we had, I assure you we would have responded promptly knowing the necessity of our institution being in good standing with the State Department. We have been registered since 1985.

However, we have complied and made the adjustments that we discussed and are resubmitting our application.

We are respectfully asking that you rescind your decision to resolve our charter and to waive the reinstatement fee that is being imposed. Thank you.

Yours truly,

Michealane Sims

Dr. Michealane M. Sims, *Ph.D.*
Senior Pastor

MS/dt

901 Northwest 62nd Street • Miami, Florida 33150 • (305) 757-2002 • 1-800-989-4022 • Fax: (305) 757-2004