PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 769897

1. Corporation Name

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

HALIFAX COVENANT CHURCH									•			
2- Princina												
2. Principal Office Address 1575: Aviation Center Pkwy. 1575 Av.					Center Pkw							
			Suite, Apt. #,				4. Date Incorp	orated or	Qualified	2/10/	(4.002	
City & State City & State				· · · · · · · · · · · · · · · · · · ·			To Do Busir		orida ————	8/18/		
Daytona Beach, FL			Daytona I	Daytona Beach, FL -			5. FEI Number Applied For 59–2328732 Not Applied					oplied For ot Applicable
Zip 32114		Country USA	Zip 32114		Country USA		6. CERTIFICATE	<u> </u>			Additiona	al Fee required
-				lame and (Address of Current R	Panistere	od Anent					
	Street Add 562 Suite, Apt. City Por	t Orange	iot Acceptable)				31	State FL		127	2 7 3 1005 ****2	1 1027 256.25
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 Date November 5, 2000 REGISTERED AGENT MUST SIGN												00
9. Names	and Street A	ddresses of Each Officer and	d/or Director (Flo	rida nonpro	ofit corporations must	list at lea	st 3 directors)					
Titles		Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip					
PD	Daniel	.J. Walsh	e same en	5626	Touro Drive	!		Port C)range	, FL 3	32127	
VPD	Thomas W. Dunlop			231 Warwick Ave.				OrmondaBeach, FL 32174				
TSD	Keith Wigle			812 Bayridge Lane				Port Orange, FL 32127				
									1 m	(Sign		
5					BEINST	M	ENTER			G	T 3	
												

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 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.

Nevember 5 2000 904-226-0052 Daylime Phone #