FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

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| | | | 7 | Jun 27, 2 | /UU2 8:U |
|--|--|--|---------------|---|--|
| CORPORATIO REINSTATEMEI | N | DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | Secretár | |
| DOCUMENT # 1. corporation Name 250 SCHILL | ASST CHURCH FOR | PALL PROPLE, TINC | | ta. 08/30/02 nack Nur.,pan 0467 | |
| 2. Principal Office Address 720 NW 4 | M STREET TO | ing Office Address DNW 4th STREET | - | | |
| City & State PT LAVOLLON Co | Suite, A City & S FL FT, L Duntry VS 33 | | 5. FEI Number | 07295/0 | Applied For Not Applicable ional Fee required ifficate of Status |
| Street Address Suite, Apt. #, E | (NORA SMITH (P.Q. Box Number is Not Acceptate NE | Name and Address of Current Regis | ered Agent | 900005253 97/08/02 ****122.50 State Zip Code FL 333// | |
| 8. I, being appointed the regi Signature of Registered Agent | Nota Smit REGISTERED | orporation, am familiar with and accept the | | 0 607.0505 or 617.0503, F.S. Date5/3//0 | CR2E081 (9/01) |
| Tillee | Name of Marie of fficers and/or Directors | (Florida nonprofit corporations must list at Street Address of Ea | ıch | City / State / Zip | |
| 4 | ELDER SMITH | 3716 SW 16th STREE | | FT. LAUDERDALE | #/ 20211 |
| i i i i | E WRIGHT | 3716 SW 16th SM | * | PT. LANDERDAUE | 17.33.77 |
| | ALLEN | 1101 NW 45th, | | | |
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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.

REVELEND HENRY SMITH

SIGNATURE: REALY SOUTH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR