


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 FEB -7 PM 1:48  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> 816455 1. Corporation Name  <b>THE REFORMED CHURCH OF THE LIVING GOD, INC.</b>					
Principal Place of Business		Mailing Address			
409 OCEAN AVENUE JERSEY CITY, NJ 07305		P.O. BOX 4057 JERSEY CITY, NJ 07305			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 409 OCEAN AVENUE Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 409 OCEAN AVENUE Suite, Apt. #, etc. P.O. BOX 4057		4. Date Incorporated or Qualified To Do Business in Florida 10/26/62	
City & State JERSEY CITY, NJ		City & State JERSEY CITY, NJ		5. FEI Number 59-3220010	
Zip 07305		Country USA		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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		900002082059--4 -02/10/97--01012--011 *****848.75 *****848.75	
P/D	JAMES SIMON	5880 BLACK AVENUE		PIERCE, FL 33860	
T/D	JAMES L. THOMAS	D-23 E. ALBINE STREET		NEWARK, NJ 07114	
S/D	ASALENE W. DOWNING	411 OCEAN AVENUE		JERSEY CITY, NJ 07305	
T	MINNIE R. JONES	501 SO. 10TH STREET		NEWARK, NJ 07103	
D	WYLMA THOMPSON	855 MADISON AVENUE		DAYTONA BEACH, FL 32114	
D	GRADY CHILDS	930 TANGLO CIR.		BARTOW, FL 33830	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
BISHOP WILLIAM ZEIGLER 942 SECOND AVENUE DAYTONA BEACH, FL 32014			Name BISHOP JAMES SIMON		
			Street Address (P.O. Box Number is Not Acceptable) 5880 BLACK AVENUE		
			Suite, Apt. #, Etc.		
			City PIERCE,	State FL	Zip Code 33860
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 <i>x Bishop James Simon</i> Date <i>2-5-97</i> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Asalene W. Downing</i> - ASALENE W. DOWNING 2/6/97 (201) 451-1402 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (12/95)