

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 SEP 28 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

CORPORATION
REINSTATEMENT

DOCUMENT # 843332
Corporation Name The Church of Jesus Christ of Pennsylvania, Incorporated

Principal Office Address 461 Haverhill Rd. So.
Mailing Office Address 4619 N.W. Gastonia St.

City & State Lake Worth, Florida
City & State Port St. Lucie, Florida
Country USA Zip 33463 Country USA Zip 34983

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida 5/25/79
5. FEI Number 386081836
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name David Checchi
Street Address (P.O. Box Number is Not Acceptable) 4619 N.W. Gastonia St.
City Port St. Lucie State FL Zip Code 34983

8000046254 08--4
-10/05/01--01075-006
****428.75 ***428.75

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 [Signature] Date 9-4-01
REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DD	Dennis Moraco	11911 NW 21 st St.	Pembroke Pines, FL 33026
DD	Frank Regolino	1615 Mayflower Rd.	Fort Pierce, FL 32950
DD	David Checchi	4619 NW Gastonia St.	Port St. Lucie FL 34983
NT	Duane Lowe	2971 Forest Cir.	Seffner FL 33584
m	Skip Swanson	964 E Case Rd.	Labelle, FL 33935
m	Mike Radd	345 Swain Blvd.	Greenacres FL 33463

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)(l), 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: [Signature] Date 9-4-01 Daytime Phone # 800-333-4264 X208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (8/00)