PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

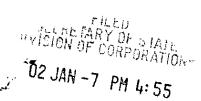
FULL GOSPEL NATIVE MISSIONARY, INC.

Principal Place of Business

Mailing Address

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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350 SCOTT DRIVE ORMOND BEACH FL 32174			- P.O. BOX. 7302. -D AYTONA BE ACH_SHORES_FL-32116							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
		Address, If Applicable		ng Office Address, If Applicable						
		P.O.B.	0x 10766			Date Incorporated or Qualified To Do Business in Florida 01/08/1999				
Suite, Apt. #, etc. Suite, Ap				#, etc.			5. FEI Number		Applied For	
-City & State				State			43-6039978 Not Applicable			
Zip Country			Daytona Brack, Country			FC	6. \$8.75 Additional Fee required			
Zip			32/	32/20 Country			CERTIFICATE OF STATUS DESIRED 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				City / State / Zip		
PD .	BUCHANAN, C.T.			350 SCOTT DRIVE				ORMOND BEACH FL 32174		
٧	BUCHANAN, ELEANOR			350 SCOTT DRIVE				ORMOND BEACH FL 32174		
ST	BUCHANAN, MATHEW			350 SCOTT DRIVE				ORMOND BEACH FL 32174		
					4000047765447 -01/16/0201011006					
					****236.25 ****236.25					
				The state of the s						
8. Name and Address of Current Registered Agent					ıt			9. Name and Address of New Registered Agent		
						Name				
FLORIDA STATE ACCOUNTING, INC.					Street Address (P.O. Box Number is Not Acceptable)					
533 N. NOVA ROAD										
SUITE 115					Suite, Apt. #, Etc.					
ORMOND BEACH FL 32174						City State Zip Code				
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 REGISTERED AGENT MUST GIGN 11. I certify that I aman 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										
A this reinstatement application, the reason for dissolution has been eliminated, the concrate 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.										