

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 JAN -7 PM 4:55

DOCUMENT # **F99000000147**

1. Corporation Name  
**FULL GOSPEL NATIVE MISSIONARY, INC.**

Principal Place of Business Mailing Address  
**350 SCOTT DRIVE P.O. BOX 7302**  
**ORMOND BEACH FL 32174 DAYTONA BEACH SHORES FL 32116**



**REINSTATEMENT 01**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		<b>P.O. Box 10766</b>		<b>01/08/1999</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				<b>43-6039978</b>	
City & State		City & State		Applied For	
		<b>Daytona Beach, FL</b>		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>32120</b>	<b>USA</b>	<b>32120</b>	<b>USA</b>		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BUCHANAN, C.T.	350 SCOTT DRIVE	ORMOND BEACH FL 32174
V	BUCHANAN, ELEANOR	350 SCOTT DRIVE	ORMOND BEACH FL 32174
ST	BUCHANAN, MATHEW	350 SCOTT DRIVE	ORMOND BEACH FL 32174
			400004776544--7 -01/16/02--01011--006 *****236.25 *****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>FLORIDA STATE ACCOUNTING, INC.</b> <b>533 N. NOVA ROAD</b> <b>SUITE 115</b> <b>ORMOND BEACH FL 32174</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		<b>FL</b>	

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: *[Signature]* Date: **12/26/01**

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

11. 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: **12-26-01** Daytime Phone #: **386 677-1649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)