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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 19 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000022258

Name and Mailing Address

0009444 01 AT 0.292 **AUTO T4 0 0615 33614-150027

FAITH MANAGEMENT GROUP, LLC
8910 N. DALE MABRY HWY., STE. 27
TAMPA FL 33614-1500

7/19

CR2E034 (7/03)

2. New Mailing Address
1405 GULF WAT
City, State, Zip
ST. PETE BEACH, FL 33706

Principal Place of Business
~~8910 N. DALE MABRY HWY., STE. 27~~
~~TAMPA FL 33614~~

3. New Principal Place of Business Address
1405 GULF WAT
City, State, Zip
ST. PETE BEACH, FL 33706

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
12/20/2001

6. FEI Number
30-0025422

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED X
$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

9. Name and Address of New Registered Agent

Name: FRED ANDERSON
Street Address (P.O. Box Number is Not Acceptable):
1405 GULF WAT
City: ST. PETE BEACH FL Zip Code: 33706

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date 7/13/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~MGR~~	~~HESELTON, TINA M~~	~~8910 N. DALE MABRY HWY., STE. 27~~	~~TAMPA FL 33614~~
MGR	ANDERSON, FRED	~~8910 N. DALE MABRY HWY., STE. 27~~ 1405 GULF WAT ST. PETE BEACH, FL 33706	~~TAMPA FL 33614~~

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REINSTATEMENT 2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager

Date 7/13/04 Daytime Phone 813-477-2512

Typed or printed name of signing Managing Member/Manager