

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

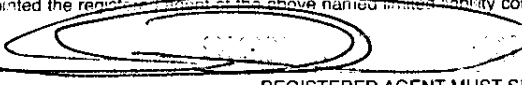
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FAITH MANAGEMENT GROUP, LLC
8910 N. DALE MABRY HWY., STE. 27
TAMPA FL 33614-1500



7/19

2. New Mailing Address 1405 GULF WAY City, State, Zip ST. PETE BEACH, FL 33706		4. State/Country of Formation FL	
Principal Place of Business 8910 N. DALE MABRY HWY., STE. 27 TAMPA FL 33614		5. Date Organized or Qualified To Do Business in Florida 12/20/2001	
3. New Principal Place of Business Address 1405 GULF WAY City, State, Zip ST. PETE BEACH, FL 33706		6. FEI Number 30-0025422	
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 FRED ANDERSON Street Address (P.O. Box Number is Not Acceptable) 1405 GULF WAY City, State, Zip ST. PETE BEACH FL 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	HEBELTON, TINA M	8910 N. DALE MABRY HWY., STE. 27	TAMPA FL 33614
MGR	ANDERSON, FRED	1405 GULF WAY ST. PETE BEACH, FL 33706	700039194567 07/15/04--01060--002--**200.00
			2003-7 2004-
			REINSTATEMENT

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