PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

N00000000681 DOCUMENT

1. Corporation Name

EMMANUEL CHILDRENS' MINISTRY, INC.

Principal Place of Business

2. New Principal Office Address, If Applicable

Mailing Address

132 E HILO STREE NAPLES FL 34113

Suite, Apt. #, etc.

City & State

Zip

132 E HILO STREE NAPLES FL 34113

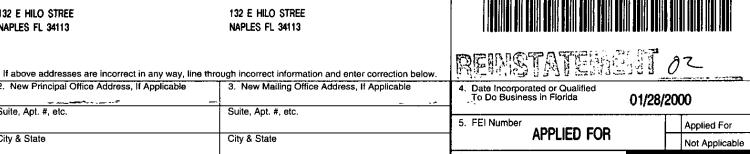
Suite, Apt. #, etc.

City & State

FILED

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SECRETARY OF STATE FALLAHASSET FLORIDA



Country	Zip	Country	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status		
annual of Early Officer and for Directory (Florida promoté as annual list at least 2 directors)						

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		
PSD	REYNOSO, WILLIAM	132 E HILO STREET	NAPLES FL 34113		
D	REYNOSO, ANGELA	132 E HILO STREET	NAPLES FL 34113		
VTD	EDWARDS, DIAN	271 20 STREET NE	NAPLES FL 34120		
		7 Cu 12/04/1	0009351177 0201045015 **236,25		

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	Name	
REYNOSO, WILLIAM		
132 E HILO STREE	Street Address (P.O. Box Number is Not Acceptable)	
NAPLES FL 34113	Suite, Apt. #, Etc.	
	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. or 617.0505, F.S.

Signature of Registered Agent

SIGNAT

11. I certify that I am an officer or director or the receiver or trustee en powered 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)(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.

CR2E040 (8/02)