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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 23 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008071043--4
-03/27/02--01021--018
*****61.25 *****61.25

DOCUMENT # FT PIERCE CHRISTIAN CENTERS. INC N00000002978

1. Corporation Name

2. Principal Office Address	3. Mailing Office Address
2499SE LEITHGOW ST	2499SE LEITHGOW ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE FL 34952	City & State: PORT ST LUCIE FL 34952
Zip: 34952 Country: USA	Zip: 34952 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/02/2000

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WILLIAM R MANGUM
Street Address (P.O. Box Number is Not Acceptable): 2499 SE LEITHGOW ST
Suite, Apt. #, Etc.:
City: PORT SAINT LUCIE State: FL Zip Code: 34952

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: William R Mangum Date: 9-20-02
REGISTERED AGENT MUST SIGN

CR2E087 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
RGT OFC	MANGUM, William R	2499 SE LEITHGOW ST	PORT St Lucie FL 34952
VD OFC	SAUNDERS, MATTIE L	" " "	" " "
SD OFC	JONES, ELEANOR M	816 REVELS LN	FT PIERCE FL 34982
		01-02 UBR	06/02/01 900041017
			10.25

10. 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)(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.

SIGNATURE: William R Mangum 9/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Rev. William R Mangum
Fort Pierce Christian Centers, Inc
2499 SE Leithgow St
Port Saint Lucie, FL 34952
772-335-4666
September 25, 2002

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs

This is a request for reinstatement of the Fort Pierce Christian Centers, Inc, N0000002978. A check for $61.25, was mailed previously (10-2001) and cashed but I have not received and confirmation.

William R Mangum

William R. Mangum