PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2006 SEP -5 AM 11: 31 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT SECRETARI UL STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # NOODOOD 3555 INTER-FAITHWORLD ENCOFTHE FAMILY EMERDENCY
500 CLUB PLUS-THE FAMILY MARKS FOU

2. Principal Office Address LOBO
BURLINATAN RUEN BURLINATON AVEW

Suite, Apt. #, etc. 706

Suite, Apt. #, etc. 706 Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Shop ARTHUR LBAILEYSB Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. **332.50 ERSBURD 8. I, being appointed the Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Titles City / State / Zip Officers and/or Directors BISHOP ARTHURIBAILED I BOOBURLIND FON AVEN Detens BURK ARTHURL BAILLY JR 1000 BURLENHONAVEN STREETSBURB VP REKROBERT RYARBROUNG SOWALT CE ST CL TT, SONIA M BAILEY 1000 BURLINGTON AVEN & D REV LARRYW TURNER 1601 HOME WOOD AVE DU 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, 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 contained in Chapter 119, F.S. The information indicated 27-368-4636 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR