

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 22 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003565
1. Corporation Name
Chay Prayer Ministry, INC

Principal Place of Business
1613 NW 1 PL #1
Miami FL 33127

Mailing Address
P.O. BOX 680043
MIAMI FL 33168-0043

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable <u>1613 NW 1 PL</u> Suite, Apt. #, etc. <u>Suite 1</u> City & State <u>MIAMI</u> Zip <u>33127</u> Country <u>USA</u>	3. New Mailing Office Address, if Applicable <u>P.O. Box 680043</u> Suite, Apt. #, etc. City & State <u>MIAMI FL</u> Zip <u>33168-0043</u> Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>6-1-2000</u>	5. FEI Number <u>65-1121376</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee reqd for a Certificate of Status				

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P, D	MCCLAIN, AYESHA	<u>1613 NW 1 PL #1</u> <u>Miami FL</u>	<u>MIAMI FL 33127</u>
V, D	SHARIF, RASHEEDAH	<u>2386 NW 96 St</u> <u>Miami FL</u>	<u>MIAMI FL 33147</u>
S	<u>McClain, AYESHA</u>	<u>1613 NW 1 PL #1</u> <u>Miami FL</u>	<u>MIAMI FL 33127</u>
D	<u>Sharif, Omar</u>	<u>1745 NW 32 St</u> <u>Miami FL</u>	<u>miami FL 33142</u>
D	<u>Sharif, AYESHA</u>	<u>2386 NW 96 St</u> <u>Miami FL</u>	<u>Miami FL 33147</u>
D	<u>Merke, Eloise</u>	<u>14050 NE 16 AVE #6018</u> <u>Miami FL 33162</u>	<u>Miami FL 33162</u>

8. Name and Address of Current Registered Agent <u>MCCLAIN, AYESHA</u>	9. Name and Address of New Registered Agent Name <u>AYESHA McClain</u> Street Address (P.O. Box Number is Not Acceptable) <u>1613 NW 1 PL #1</u> Suite, Apt. #, Etc. <u>800004915618--7</u> City <u>Miami</u> State <u>FL</u> Zip Code <u>33127</u>
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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.

Signature of Registered Agent

Ayesha McClain
REGISTERED AGENT MUST SIGN

800004915618--7
-02/13/02--01061--010
*****70.00 *****70.00
Date 12/12/01

11. 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 filed 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)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE Ayesha McClain Ayesha McClain 12/12/01 305-205-5768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #