

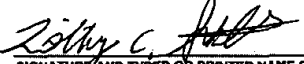


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000005495			
1. Corporation Name PANACEA COVENANT CHURCH, INC.			
2. Principal Office Address 38 Otter Lake Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 116 Suite, Apt. #, etc.	
City & State Panacea, Florida		City & State Panacea, Florida	
Zip 32346	Country USA	Zip 32346	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 8/15/00		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Timothy Calvin Skelton			
Street Address (P.O. Box Number is Not Acceptable) 237 Mulberry Circle			
Suite, Apt. #, Etc.			
City Crawfordville		State FL	Zip Code 32327
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 		Date 11-20-2001	
REGISTERED AGENT MUST SIGN			
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
D	Thomas, Delma L.	81 Otter Lake Road	Panacea, FL 32346
D	Skelton, Timothy Calvin	237 Mulberry Circle	Crawfordville, FL 32327
D	Whitfield, Lester	18 Serafino Lane	Crawfordville, FL 32327
D	Gray, Randy	2881 Spring Creek Highway	Crawfordville, FL 32327
D	Grantham, Preston E.	43 Grantham Lane	Crawfordville, FL 32327
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: 		Timothy Calvin Skelton, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11-20-2001	Daytime Phone # 850-926-4450

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2001 (8/00)