PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS O4 DEC 16 AM 8: 00	
DOCUMENT # N01000004811	/
THE CHRISTIAN MINISTERS CONFERENCE OF REINSTATEMENT OF THE PALM BEACHES INC.	RD
2. Principal Office Address 600 ROSEMARY AVENUE P.O. BOX 1766 Suite, Apt. #, etc. 3. Meiling Office Address 12/16/04-01063-007 **175.08	
4. Date Incorporated or Qualified 7 4 0	1
WEST PALM BEACH, FI WEST PALM BEACH, FI 6. FEI Number 137064 Applied For Not Applied For	1 ~
33401 PALM BEAGH 33402 PA) M PEACH CERTIFICATE OF STATUS DESIRED 33402	
7. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) 755 DATE PALM DRIVE Suite, Aprl. #, Etc.	
LAKE PARK State Zip Code 33403	.
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 / 2 / 13/200 / PREGISTERED AGENT MUST SIGN	CAZEDO (01/04
9. Names and Street Addresses of Each Officer and Mr Director (Florida nonprofit corporations must list at least 3 directors)]
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	1
P. D ELLIS MCKENZIE 755 DATE PALM DRIVE LAKE PARK, FL 33403	
V.D WILLE SINGLETON 1572 W. 36th Street KIVIERA BEACH, FL 33	404
50 CLAUDIA SPRANIEY 1509 39th STREET WEST FALM BEACH, FL 33	107
TO NORBERT Mancelle TR 1006 34th STREET WEST HALM BEACH, FI 334	7
50 MELVIN HAGNES IR. 140 YAIM BEACHLAKES WEST HALM BEACH, FL 35	407
D GENE DIXON 450 WEST 34th Street WEST FAIM FRACH FL 33	HOH
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, specific signature shall have the same legal effect as if made under oath.	
SIGNATURE: 12/13/2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daystray Phone #	