


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PH 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008754
1. Corporation Name
Charismatic Episcopal Church
of the Holy Comforter, Inc.

| | | | |
|--|-------------------|--|-----------------------|
| 2. Principal Office Address 167 Monterey Road Suite, Apt. #, etc. | | 3. Mailing Office Address 1800 Australian Ave. South Suite, Apt. #, etc. Suite 100 | |
| City & State Stuart, Florida | | City & State West Palm Beach, Florida | |
| Zip 34994 | Country Martin | Zip 33409 | Country Palm Beach |

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 12/14/2001

5. FEI Number 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: W. Morgan Speer

Street Address (P.O. Box Number is Not Acceptable): 1800 Australian Avenue South

Suite, Apt. #, Etc.: Suite 100

City: West Palm Beach

State: FL Zip Code: 33409

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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: W. Morgan Speer Date: 4-30-2004
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 |
|--------|-----------------------------------|--|-----------------------|
| PD | Bower, John | 167 Monterey Road | Stuart/FL/34994 |
| D | Paysinger, David | 8057 Arlington Expressway | Jacksonville/FL/23311 |
| D | Simpson, David | 9701 SW 5th Street | Mirimar/FL/33023 |
| | | | |
| | | | |

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: John Bower Date: 04-30-2004 (561) 655-9478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN BOWER, PRESIDENT Daytime Phone #

CR2E081 (01/04)