




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N01000008754			
<b>1. Corporation Name</b>  Charismatic Episcopal Church of the Holy Comforter, Inc.			
<b>2. Principal Office Address</b> 167 Monterey Road  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1800 Australian Ave. South  Suite, Apt. #, etc. Suite 100	
<b>City &amp; State</b> Stuart, Florida		<b>City &amp; State</b> West Palm Beach, Florida	
<b>Zip</b> 34994	<b>Country</b> Martin	<b>Zip</b> 33409	<b>Country</b> Palm Beach
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/14/2001	
		<b>5. FEI Number</b>	<input checked="checked" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> W. Morgan Speer			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1800 Australian Avenue South			
<b>Suite, Apt. #, Etc.</b> Suite 100			
<b>City</b> West Palm Beach		<b>State</b> FL	<b>Zip Code</b> 33409
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 4-30-2004	
<small>REGISTERED AGENT MUST SIGN</small>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
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
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>04-30-2004 (561) 655-9478</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOHN BOWER, PRESIDENT		<small>Date</small>	<small>Daytime Phone #</small>

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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