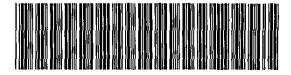
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 OCT 31 AM 9 35
DOCUMENT # NOZOC 1. Corporation Name EAST COAST BEN	0004885 IEVERS CHURCH, INC	SECRETARY OF STATE
2. Principal Office Address  5358 Birchbent Loop  Suite, Apt. #, etc.	3. Mailing Office Address PO Box 621496 Suite, Apt. #, etc.	11/24/03 -01026 -003 **192.50 10/20/03 0 037 027 43.7 4. Date Incorporated or Qualified To Do Business in Florida &/5/02
City & State  CylEDO, FL  Zip  32765 Country  USA	City & State  ONIEDO, FL  Zip  Zip  Zip  Zip  LISA	5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED OF STATUS
Name  Norman  Street Address (P.O. Box Number is No. 5358 B.R.C.  Suite, Apt. #, Etc.  City  OVIEDO	7. Name and Address of Current Register  L. D LBOIS  of Afceptable)  LOOP	State Zip Code FL 32765
Signature of Registered Agent	ve hamed corporation, am familiar with and accept the o	Date ///4/03
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors	d/or Director (Florida nonprofit corporations must list at le Street Address of Each Officer and/or Director	h City/State/7in
PRES HORMAN L. DUI	(1	
VICE DINA DUBOIS	- 0	
SEC RAIPLE. MOSEZ	y 3963 S, Hwy 97	#317 SANDSPRINGS,OK74063
this reinstatement application, the reason for disso owed by the corporation have been paid and the roon this application is true and accurate, and my si	olution has been eliminated, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filling is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated or oath.

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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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