PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 08 JAN -4 PM 1: 17 Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** SECHALLAST OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1. Corporation Name N030000039/5 El'Shaddi Saintuary of Praise Inc. 500115203065 01/15/08--01040--002 \*\*122,50 2. Principal Office Address - No P.O. Box # 296 S.E. Lomond Ave 344 S.E. BAYA DR. CR2E081 (1/07) 4. Date Incorporated or Qualified To Do Business in Florida City & State Lake City Florida 5. FEI Number 76-0759542 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 Taylor Sharon The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you TROHER are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code FLorida 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a corporation of the above named corporation. 33774 section 607.0505 or 617.0503, F.S. Signature of 1-4-08 Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors Name of Officers and/or Directors Titles City / State / Zip 4/1 Bascom Norris DR Lake City Florida 3205 & IRene Miller D 3580 56 Avenue N. ST. Petersberg Floride 33714 Alsanor Taylor 260 N.W. Marco Tena Lakolity Florida 3580 56. Avenue N. 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 filling 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 contained in Chapter 119, 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. haron Taylon 1-4-08 727-331-9460



EL Shaddi Saintuary of Praise 296 SE Lomond Ave Lake City, FL 32025 (727) 331-9460

January 4, 2008

Division of Corporations Attention: Mr. Russ Hunt PO Box 6327 Tallahassee, FL 32314

Re: N03000003915

Dear Mr. Hunt:

Thank you for your assistance in the matter of the reinstatement of EL Shaddi.

Please find enclosed the completed reinstatement form and also attached is a copy of 'money-order' receipt#49688276352 of which was previously sent with the earlier submission of same on January 23, 2007.

You may send the confirmation of receipt of this submission to 344 SE Baya Dr., Lake City, FL 32025 and any other correspondence that may be necessary for you to send.

Again, thank you for your time and attention to this matter. Should you have any further questions or may need any further information please call at (727) 331-9460.

Sharou Tall

Sharon Taylor, Pastor

EL Shaddi Saintuary Of Praise