

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 NOV 19 AM 9:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT DOCUMENT # **N14760**

1. Corporation Name
ETERNAL LIFE CHURCH OF AMERICA, INC.
1521 N.E. 48th Ct.
POMPAUD BEACH, FL 33064

Principal Place of Business Mailing Address
1521 N.E. 48th Ct.
POMPAUD BEACH, FL. 33064

REINSTATEMENT 94-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc. **SAME AS**
 City & State **ABOVE**
 Zip **BROWARD** Country **BROWARD**

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. **SAME AS**
 City & State **ABOVE**
 Zip **BROWARD** Country **BROWARD**

4. Date Incorporated or Qualified To Do Business in Florida **05/06/1986**

5. FEI Number **59-2673511** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P/T	McBAIN, DON J.	1521 N.E. 48th Ct.	Pompaud Beach, FL 33064
D	TRAVIS, GOS	3744 LOCOTUM CIRCLE	COCONUT CREEK, FL 33063
D V/P S	ROWLES, MICHAEL R	3030 N.E. FIRST AVE	Pompaud Beach, FL 33064
			500002353485--7 -11720797-01097-035 ****428.77 ****428.75 11-20-97

B. Name and Address of Current Registered Agent

HARDY, J. EDGAR
2736 N. ANDREWS AVE #133
FT. LAUDERDALE, FL. 33311

9. Name and Address of New Registered Agent

Name **McBAIN, DON J.**
 Street Address (P.O. Box Number is Not Acceptable) **1521 N.E. 48th Ct.**
 Suite, Apt. #, Etc.
 City **Pompaud Beach** State **FL** Zip Code **33064**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **[Signature]** REGISTERED AGENT MUST SIGN

Date **11/05/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: **Don J. McBain** **[Signature]** **11/05/97** **954-583-6214**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2500 (1-2-95)