## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ---

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N14760	DOC	JMEN <sup>®</sup>	T#1	N14760
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1. Corporation Name

FIRST CHURCH OF NOAH'S ARK, INC.

		7. Name ar	nd Address of Current Reg	ristered Agent		
JJ00. USA		THE RESERVE OF THE PROPERTY OF	Control of the second s	the state of the s		
33064	USA	33064	USA	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
Zip ·	Country	Zip	Country	6.		
Pompano Beach, FL		Pompano Beach, FL		59 <del>-2</del> 673511	Not-Applicable	
				5. FEI Number	Applied For	
City & State		City & State		10 DO Busiless III Florida 05/00/1900		
	_			4. Date Incorporated or Qualified To Do Business in Florida	05/06/1986	
111 N. E. 50th Court Suite, Apt. #, etc.		111 N. E. 50th Court Suite, Apt. #, etc.				
				SEGRICATION PROGRESSION POR COLUMN PROGRESSION PROGRES		
2. Principal Office Address		3. Mailing Office A		I FINDIALE	THE PILA?	

(I) as a transport was an exercised or a company	7. Name and Address	s of Curre	nt Registere	d Agent	<del>v.*</del> /-	And the second s
Name Gerald W. Grzelak					•	
Street Address (P.O. Box Number is Not Accept 111 Northeast 50t.				50	000 020	08837495 11133009 **306.2
Suite, Apt. #, Etc.					<u>Ur</u> U	····;33==003 **506.2
city Pompano Beach			of pr		State <b>FL</b>	Zip Code 33064

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.
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Signature of Registered Agent REGISTERED AGENT MOST SIGN

Date May 21, 2002

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

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Gerald W. Grzelak	111 NE 50 Ct., Pomp Doh	Pompano Beach, FL 33064
DS	Sharon Huss	111 NE 50 Ct.,	Pompano Beach, FL 33064
DVP	Michael Rogers ,	111 N. E. 3rd Avenue	Boynton Beach, FL 33435
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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, E.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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR