

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14760

1. Corporation Name

FIRST CHURCH OF NOAH'S ARK, INC.

2. Principal Office Address

111 N. E. 50th Court

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

111 N. E. 50th Court

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

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

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Gerald W. Grzelak

Street Address (P.O. Box Number is Not Acceptable)

111 Northeast 50th Court

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

500008837495
11/06/02--01133--009 **306.25

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.

Signature of Registered Agent

Gerald W. Grzelak
REGISTERED AGENT MUST 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)

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 Bch	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

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.

SIGNATURE:

GERALD W. GRZELAK - PRESIDENT
Gerald W. Grzelak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 21, 2002
Date

954-536-5299
Daytime Phone #

CR2E081 (9/01)