


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 19 AM 9:35

DOCUMENT # N21877

1. Corporation Name
SEVENTH DAY CHURCH OF GOD INTERNATIONAL MINISTRIES INC.

Principal Place of Business 735 OPALOCKA BLVD. MIAMI FL 33168-2928	Mailing Address 735 OPALOCKA BLVD. MIAMI FL 33168-2928
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REINSTATEMENT 01

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

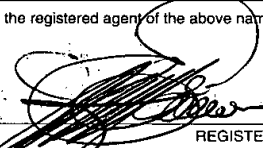
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 08/04/1987
5. FEI Number 65-0023077		Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MCEWAN, FELIX F.	10945 SW 152 TERRACE	MIAMI FL
V	SEWELL, SELWYN	2710 NW 26 ST	FT. LAUDERDALE FL
D	MCLEAN, SAMUEL	7656 GROVE RD	LANTANA FL
D	SPENCER, DAVID	7656 GROVE RD	LANTANA FL
D	MCNEIL, MICHAEL	7618 REMONA ST	MIRAMAR FL
D	SELWYN, JOSEPH	15171 N.E. 8 AVE	MIAMI FL

8. Name and Address of Current Registered Agent MCEWAN, FELIX F. 735 OPALOCKA BLVD. MIAMI FL 33161	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, City, State, Zip) 2000 NW 49th St, Apt 4 -12/05/01--01002--004 Suite, Apt. #, Etc. ****236.25 ****236.25 City State FL Zip Code
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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:  Date: **11-07-01**

REGISTERED AGENT MUST SIGN

11. 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:  **Felix F. McEwan** 11-07-01

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)