

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 AUG 14 A 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500159602765
08/14/09--01050--005 **420.00


CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 95-3986359 Applied For Not Applicable

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

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28578

1. Corporation Name
**LIFE-GIVING EVANGELISTIC MINISTRIES INC
ABUNDANT LIFE CHURCH OF GOD IN CHRIST**

2. Principal Office Address - No P.O. Box #
12124 WILDBROOK DR.
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 2754
Suite, Apt. #, etc.

City & State
RIVERVIEW, FLORIDA

City & State
BRANDON, FLORIDA

Zip Country
33569 US

Zip Country
33509-2754 US

7. Name and Address of Current Registered Agent

Name
KAREN F. BARNES

Street Address (P.O. Box Number is Not Acceptable)
12124 WILDBROOK DR.
Suite, Apt. #, Etc.

City State Zip Code
RIVERVIEW FL 33569

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT 06-09

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: Karen F. Barnes Date: 8/11/09
REGISTERED AGENT MUST SIGN

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
P/D	KAREN F. BARNES	12124 WILDBROOK DRIVE	RIVERVIEW, FL 33569
D	JOHN McDONALD	4122 WEST NASSAU STREET	TAMPA, FL 33607
D	VERNIE FAYE BLACK	3208 COMMANCHE AVE	TAMPA, FL 33610
D	GLENN CORRIETTE	1652 FLUORSHIRE DRIVE	BRANDON, FL 33511
D	EDITH FRANCIS	7312 KINGSBURY CIRCLE	TAMPA, FL 33610
D	CYNTHIA McDONALD	4122 WEST NASSAU STREET	TAMPA, FL 33607

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 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.

SIGNATURE: Glenn Corriette Date: 8/12/09 Daytime Phone #: 813-657-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLES	NAME	STREET ADDRESS	CITY, STATE, ZIP
D	CHRISTELLA CORRIETTE	1652 FLOURSHIRE DRIVE	BRANDON, FL 33511
D	MARLON FRANCIS	7312 KINGSBURY CIRCLE	TAMPA, FL 33610
D	CURT McKAY	9871 TIMMONS ROAD	THONOTOSASSA, FL 33592