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CORPORATION REINSTATEMENT CORPORATION REINSTATEMENT CORPORATION Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS 04 DEC 13 AH 8:00			
	JMENT # N 2881 HON Name EL OUTREACH CHU		HEYWC.	STATE	WEN	II <u>0</u>	4
///34 CHALLEGER AVE 620 4 Suite, Apt. #, etc. Suite, Apt. #, City & State City & State			4. Date Inco	4. Date Incorporated or Qualified To Do Business in Florida 10/12//			8
Zip Country Zip		NEW PORT RIE. Zip Country 34652 PASC		Not Applicable			
7. Name and Address of Current Registered Agent Name BENNARS MABLINLO Street Address (P.O. Box Number is Not Acceptable) 6204 SPOON BILL DRIJE Suite, Apt. #, Etc. City NEW PORT RICHEY State Zip Code FL 3465Z							
8. I, being	appointed the registered agent of the abo	ve named corporation, am familiar with a	nd accept the obligations of sec	tion 607.0505 or 61	7.0503, F.S		3
Signature o Registered	Agent	GISTERED AGENT MUST SIGN		Date	107/	04	
9. Names	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		
PR.	GENNARO MAGLI	ULO 6204 SPOC	ONBILL DR	N. P.R.	FL	34652	
V P	MARY MAGLIUL	6204 5000	ONBILL OR	NPR	FL	34652	
SEC	FELICIA MABLIU	LO 7311 TROU	7311 TROUBLECKEEK RD		FL	34653	3
B. X	JOHN MURRAY	3919 ANITA	•	PPR	FL	34652	
			12/1	1 17/04 - 01/0	60-72	5 *** 158.	75
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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, F.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:

SIONALURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/04

727-312-2487

Daytime Phone #



Gospel Outreach International Church

New Port Richey, FL 34652 Church 727.842.7000 • Fax 727.845.6137 292

November 17, 2004

Division of Corporations PO Box 6198 Tallahassee, FL 32314-6198

To Whom It May Concern:

We have recently received a "Notice of dissolution or revocation" for failure to file its 2004 annual report.

As a matter of fact we did file the annual report on or about February 11, 2004.

We have enclosed a copy of the check that accompanied the annual report.

Please inform us of what we should do next.

Sincerely

Jennaro Magliulo

Pastor.

N78813