		PLEASI	E READ Â	 Teldi Liz	RUCTIO	NS BELOBL C	:OMPLE I	ING THIS FORM.		
					LORIDA DEPARTMENT OF STATE Katherine Harriş					
REINSTATEMENT				Secretary'of State			FILED			
DOCUMENT # N3993					Na9-21202			- <del>-</del>		
1 Corporatory Planne First Alliance Church of the Christian and							99 SEP 22 AM 9: 51			
	Messionary Alliance of Bradenton, Fl. Inc.							WILL SEE, PE	AE.	
Principal Prace of Business Mailing Address										
1803 57th Avenue W. Bradenton, FL 34207									^	
و میدرد ال	dalar soon na	is an expet is a	nu was Isaa thaa	ah inga-saat i	nformation and	anter correction below	RFINS	STATEMENT 97	7.99°	
If above addresses are incorrect in any way, line through inco 2. New Principal Office Address, If Applicable 3. New						ess, If Applicable	Date Incorporated or Qualified     To Do Business in Florida			
State, Apt # etc			Suite, Apt #,	etc.		Jan 1, 1961 - Exp. 1992  5. FEI Number Applied For				
City & State		10		City & State			237179 <i>6</i>	\$9.75 Add to	Not Applicable	
Zip	. <del>.</del>	Country		Zip		Country			cate of Status	
7 Namies a Title(s) 1	and Street A	Name	of Officers of Directors	ir Director (Flo	<u> </u>	orporations must list at lea Street Address of Each Officer and/or Director IOT Use Post Office Box N	<u></u>	City / State / Zip		
Pres Rev. Jerry W. Hunter 56						19th St. W. Bradenton, Fl34207			7	
Treas Mr. Oscar Kisling,				6107 Rollins St.			Bradenton, Fl3420	7		
Secy Mr. Harry Frederick 603 63rd Avenue (							T 2.5	Bradenton, Fl3420	7	
Trustee Mr. Aaron Blews				6620 Wellesley Drive			Bradenton, Fl34207			
	<u>.</u>						4	0000299685 -09/27/9901004 ****674.75 ***		
Name								9. Name and Address of New Registered Agent		
P. O. Box 720430 Orlando, Fl 32872-0430 City							19th St. W.			
10 1 being	appointed th	ne registered	gent of the abov	e named corpo	oration, am fami	Bradentor iliar with and accept the ob	1 ligations of Secti			
Signature o Registered		90		SISTERED AG	ENT MUST SIG	gn		Date SIN 9, 19	99	
			wes the			30. Yes	□ No □	(See other side for inform on intangible tax.)	nation	
this rem owed by on this a	statement ap the corpora application is	plication, the r tion have beer	reason for dissol n paid and the n	ution has been ames of individ	eliminated, the uals listed on th	corporate name satisfies this form do not qualify for a gal effect as if made under	the requirements an exemption und oath.	apter 607 or 617, F.S. I further certify that of section 607.0401 or 617.0401, F.S., the section 119.07(3)(i), F.S. The information of the following section 119.07(3)(ii), F.S. The information of the following section 1	hat all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #										

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