PLEASE READ A	LINSTRUCTIONS	BEFORE CO	MPLETING THIS FO	RM.	
APPLICATION FOR GIVEN THE REINSTATEMENT	FORGAGION FORGAGION FORGAGION FLORIDA DEPARTMEN Sandra B. Mort Secretary of St		APPRI AN FILI	OVED ED	
DOCUMENT # N920000 963		RATIONS	98 MAR 23 AM 8: 45		
1. Corporation Name		. 1 . 1	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
FLORIDA MUSIC MINISTERS FELLOWSHIP, I			(C) INLEMINASSEE	:, FLURIDA	
Principal Place of Business	Mailing Address				
1306 MANATEE AV. W. 1306 MANATEE AV. W. BRADENTON, FL 34205 BRADENTON, F2, 3420. If above addresses are incorrect in any way, line through incorrect information and enter correction below.		F2, 34205			
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 1306 MANATEE		Applicable 4	4. Date Incorporated or Qualified To Do Business in Florida		
City & Stale	State City & State		NOT APPLICABLE	Applied For	
BRADENTON, FL	BRADEN TON Zip Country	6.		\$8.75 Additional Fee required	
34205 V5A 7. Names and Street Addresses of Each Officer and/or		5/7- tions must list at least 3		Tor a Certificate of Status	
Title(s) Name of Officers and/or Directors 2	Offi	eet Address of Each icer and/or Director ie Post Office Box Numi		ity / State / Zip	
D James M. Vann 7008 3 Braden		th Av. E.	Bradenton	, Fl. 34208	
		tier Au.	Melbourne	,F1. 32901	
		lorinda St.			
D Mark Morris 4451 K		lelson Av.	Marianna	F/. 32446	
			-03/26/9 ****297	801089019 .50, ****297.50	
		REIN	STATEMENT	97-98	
8. Name and Address of Current Re	gistered Agent		Name and Address of New Regist	ered Agent 298	
FERGUSON, JAMES B Street Address (1148 40TH AVE NE			M. VANN Box Number is Not Acceptable)	a. alav	
Suite, Apt. #, Etc.				;	
ST. PETERSBURG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City R RADEN	36TH AV. E. TON	State Zip Code	
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. Part					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
12. 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: James M. Vana Jumes M. Vana 3/18/98 941-746-2149 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days To Days The Day					