PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					08 DEC -3 AH 8: 18	
DOCUMENT # N93000000 243 1. corporation Name Chosen Generation Ministries church of 6365 Taff St Ste 1006 God, Inc.					5 0 12/03	OC 138415105 8/0801041005 **236.25
6365 Suite, Apt. #, e	Office Address - No P.O. Box # Taft St etc.	3. Mailing Office Address Same Suite, Apt. #, etc. Same			REINSTATEMENT 27-05 4. Date Incorporated or Qualified To Do Business in Florida 8/27/105-1	
City & State Hollyw Zip 3300	and FL Country Browned	Same	Coun	try	5. FEI Number 59 - 0766973 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name OHW Rec Polerson Street Address (P.O. Box Number is Not Acceptable) L365 Taff Suite, Apt. #, Etc. 1006 City Hollywood State FL				Zip Code	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.	
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 Date REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director						
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip
P	SOHW Les Peterson, Sr. 73			75 Wynd mont of.		Covington Ga
CT	Mary Blount 15401 nw 29			nw 29F.	het	Opa-Locka FL 33054
XT	Collette Patte	150N 93	61	41. Ba Ba	Ave	OPA-LOCKA FL 3305
7	Walter Robins	100, Sr. 110	5 .	Sharazad	Blvd	opa-Locka Th 33054
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #						