		PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETI	ING THIS FORM.		
APPLICATION FORGLAS REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # NO 30000 1612						98 MAR 16 AM 9: 25			
Ministries of Great Beginnings, Inc.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Pla	ace of Busin	n <del>o</del> ss	Mailing Addre	ess			•		
				30th Ave. N. Petersburg, FL			•		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								······································	
				ng Office Address, If Central Ave		Date Incorporated or Qualified     To Do Business in Florida			
				ilte, Apt. #, etc.			4/9/93 5. FEI Number Applied For		
City & State			City & State			59-3191597 Not Applicable			
St. Petersburg, FL			St. Petersburg,			6.	\$8.75 Additional Fee required		
	3710	USA	33710		USA		OF STATUS DESIRED [1] for a	Certificate of Status	
7. Names a Title(s)	mes and Street Addresses of Each Officer and/or Director (Final Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PD Cantrell, Larry				1900 68th	Street, Su	ite 208	St. Petersburg B	each. FL	
VD VD	Fo	itz, Dick	5422 Parkside Village, W			St. Petersburg,			
STD	White, Susie			770050m Island Dr. 5, 8238 30th Avenue North			St. Petersburg,	FL 337 <b>07</b>	
Dunn Kay				5755 6th Ave. N., Ste C-43			St. Petersburg,	FL 33710	
D	Ohman, Brooks			10106 Tarpon Drive			Treasure Island, FL 33706		
	R					NSTA'	TEMENT 96-	-98	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent									
<b>,</b> €	Susie W 1 <del>238-30</del> St. Pet	Mhite <del>Mi Avenue North</del> Bersburg, FL 337 <b>0</b>	7700 S	in Island Dr.S.	T. S. Chechele Street Address (P.O. Box Number is Not Acceptable) 5625 Central Avenue				
Suite, Apt. #, Etc.							000024640 -03/20/98011	623 (	
40 I balaa	annolfited t	the registered There of the photo	n named corno	ration em familier wi	City St. Petersburg, ****358.50 *337.658.75			999168.75	
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.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No X  (See other side for information on Intangible tax.)									
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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DELECTOR CANTRELL 2/23/98 327-0486									