PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	PPLICATION FOR Sandr Secret		DEPARTMENT OF STATE ndra B. Mortham ecretary of State ion of corporations		See Company Co		
DOCUMENT # N9300003168 1. Corporation Name				99 JUN 29 AH 11: 3L			
CHURCH OF GOD OF ABRAHAM INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
1019 GOLDWYN ROAD P O BOX 55 ORLANDO FL 32805 ORLANDO FL US		5219					
If above addresses are incorrect in any way, line through incorrect information 2. New Principal Office Address, if Applicable 3. New Mailing Office Address				Date Incorporated or Qualified To Do Business in Florida 07/14/1993			
Suite, Apt. #, etc. Suite, Apt		#, etc.		5. FEI Number Applied For			
City & State City & State				59-3198135 Not Applicable			
Zip Country	Zip Country		У	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)							
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / S	tate / Zip	
PD CHARLES, JEAN R.		5468 N WOODCREST DR			WINTER PARK FL 32792		
VD FILS, MARCEL LARECE	5468 N WOODCREST DR			WINTER PARK FL			
DS AUGUSTIN, CALIXTE	6040 CASA DEL REY CIRCLE, APT. A			ORLANDO FL			
T SEVERE, MAURICE		1203 CHESTERTON AVE		ORLANDO FL			
		ATEM	CALT QS-	$GG^{\frac{1}{2}}$	70		
		11012	rial fo	[7]			
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
OHAN FO MAN D	Name						
CHARLES, JEAN R 5488 N. WOODCREST DR. WINTER PARK FL 32792			Street Address (P.O. Box Number is Not Acceptable)				
			Suite, Apt. #, Etc. 900023254191 -07/07/3301071001				
	City	FL					
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 Date 25-24-99 REGISTERED AGENT MUST SIGN							
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 filing this reinstalement 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 gaid 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 accomple, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayone Phone #							