PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:	
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT Sandra B. Morth Secretary of Sta	T OF STATE nam ate
DOCUMENT # N93000005390 1. Corporation Name HII People Christian Center Church	FILED 96 NOV 12 PM 2: 13
Principal Place of Business Mailing Address	TALLAHASSEE, FLORIDA
Oviedo FL. Oviedo FL. 32765 PEINSTATEMENT 96-96-25	
If above addresses are incorrect in any way, line through incorrect information and enter co. 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 3. New Mailing Address, If Applicable 4.00 (Contey DR. OULE Suite, Apl. 4, etc.	ale 4. Date Incorporated or Qualified
City & State OVIEDO Florida City & State OVIEDO F Zip 32765 Country Zip 32765 Country Seminole 32765 Seminole	Torida 59321797 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8 75 Adubitors of Status o
Title(s) and/or Directors Offic	ons must list at least 3 directors) at Address of Each er and/or Director Post Office Box Numbers) 4 City / State / Zip
Prisident Steven Smith (D.) 1001 Contex Drive D. Oviedo FL 32765	
Tensurer Shirley BAbbitHD 5864 Shoreland Trail (D.) Orlando FL 32807	
V	9000020992593 -11 01088-777
8. Name and Address of Current Registored Agent	9. Name and Address of New Registered Agent
Steven Smith 1001 Conley Drive Overdo FC 32765	Name Steven Sm145 Street Address (P.O. Box Number is Not Acceptable) 1001 Conley Drive Suito, Apt. #, Etc.
City Oviedo State Zip Code FL 33765 10 1. being appointed the registered agent of the above named corporation, am/amiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Agent State Sta	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No	
12 I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	

10 -24 + 96 (407)346-5205 Date Dayline Phone 8

建图形的表现2.2000年2月

SIGNATURE: Steven Smith Steven Smith