PLEASE READ	ALL INSTRUCTION	NS BEFORE C	OMPLETIN	NG THIS FORM.
APPLICATION AND APPLICATION				APPROVED"
FOR	Sandra B. I Secretary			FILED
REINSTATEMENT	DIVISION OF COR		1 (1)(7 110V - 7 - 111 - 91 11 1
DOCUMENT # 1) OIL	CUMENT # 10400000 3607			
1. Corporation Name FAITH TEMPLE LIFE- Changing Ministries, Take			Si Yai	CONTARY OF STATE LAHASSUF, FLORIDA
FAITH lemple Litt-0	MANGING TYTH	aspeces fix.	, , , , ,	
Principal Place of Business Mailing Address 950-54 AVENUE So. (Same)				
ST. PETERSburg, FloeilA				
33705				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable			Date Incorpora	oted or Qualified
Suite, Apt. #, etc.	1/A N/A Suite Apt #, etc.		To Do Busines	s in Florida Galy 19, 1994
City & State	//A N/A City & State		5. FEI Number	Applied For
	Country Zip Country		6.	267336 Not Applicable S8.75 Additional Fee required
				F STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprofit cor	Street Address of Each		
Title(s) and/or Directors	3 (Do NC	Officer and/or Director T Use Post Office Box N	umbers)	City / State / Zip
PD Watter Fields 954- Fifth Ave. SO ST. Petersburg, Fla 33705				
VD ANNIE L. Fiells	739.	- Tifth Ave		St. Peterskury, FA 33705
SD Birdie L. NATHENIAL 120 NORTH Keech ST.				DAYTONA BCh. Florida
TD Mary L. Milchell 554 White ST Daytown Beh. Fla. 32114				
Joseph R. Jechan			has pi	Hytonic VCh. 17H. Sall
REINSTATEMENI				
				000023411353 -11/07/9701014001
8. Name and Address of Current Registered Agent 9. Name and Address o体修业来自我ereifAgen来来来了4年,们				
ANNIE L. FIELDS Street Address (P.O. Box Mumber is Not Acceptable)				
ANNIE L. FIELDS 954 - Fifth Avenue South Street Address (P.O. Box) ST. Petensburg, FlA. 33705 St. Petersburg			- Tyth	Arenue Sould
St. Petensburg, Pla. 55 165			Etensbu.	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.				
Signature of Registered Agent Cyruic Level Date 11/7/97				
RE	GISTERED AGENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·		Date
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X				
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 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: United Signature and typed on printed name of signing officer or director 11/2/97 8/3-8/6-3403 Daytime Phone #				