APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

...COMPLETING THIS FORM.

...AM 5:00

DOCUMENT # N94000004025

1. Corporation Name

PATHWAY TO PEACE CHRISTIAN CHURCH, INC.

W99000011173

Principal Place of Business / Mailing Address

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
5808 LYNN ROAD	P. O. Box 152313
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, Florida
Zip: 33624 Country: U.S.A.	Zip: 33684-2313 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: AUGUST 17, 1994

5. FEI Number: 59-3261767 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $6.25 ...

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	EDDIE BOSQUEZ	7505 N. Coolidge Ave Tampa FL 33614	TAMPA, FLORIDA 33614
T	MARCOS VEGA	8315 N. Albany Ave.	TAMPA, FLORIDA 33604
D	NANCY VALLE	9214 N. 13th St, #B	TAMPA, FLORIDA 33612
			-06/02/99--01074--028
	REINSTATEMENT 95-99		-06/02/99--01074--029
			*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: NANCY VALLE
Street Address (P.O. Box Number is Not Acceptable): 5414 Beaumont Center Blvd
Suite, Apt. #, Etc.: Ste. 206
City: TAMPA State: FL Zip Code: 33634

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: Nancy Valle REGISTERED AGENT MUST SIGN Date: May 5, 1999

11. This corporation owes 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 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: Nancy Valle NANCY VALLE, Secretary/DIRECTOR 5/5/99 813-880-2473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #