


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004654			
1. Corporation Name LATIN AMERICAN CHURCH PLANTING CENTER, INC.			
2. Principal Office Address 911 CYPRESS GROVE DR Suite, Apt. #, etc.		3. Mailing Office Address 911 CYPRESS GROVE DR Suite, Apt. #, etc.	
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL	
Zip 33069-5004	Country USA	Zip 33069-5004	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 09/19/94		5. FEI Number 65-0533346	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name JOHN K. BAXTER			
Street Address (P.O. Box Number is Not Acceptable) 911 CYPRESS GROVE DRIVE			
Suite, Apt. #, Etc. 500062658005			
City POMPANO BEACH		State FL	Zip Code 33069-5004
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <i>John K. Baxter</i>		Date 12/30/05	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HOWELL, JAMES	4927 NW 85 ROAD	CORAL SPRINGS, FL 33067
VTD	OELHAFEN, EDNA	4927 NW 85 ROAD	CORAL SPRINGS, FL 33067
D	BAXTER, JOHN K.	911 CYPRESS GROVE DR	POMPANO BEACH, FL 33069
10. 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: <i>John K. Baxter</i>		John K. Baxter, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/30/05	Daytime Phone # (954)972-4465