

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 APR 21 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004742 (2)

1. Corporation Name
GRACE OF ETERNAL LIFE MINISTRIES, INC

Principal Place of Business Mailing Address
2601 N.W. 19th AVE 2739 N.W. 3rd St.
OAKLAND PARK, FL, 33069 Pompano Beach, FL.
33069

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. VIRGINIA O'NEAL
City & State 2739 N.W. 3rd STREET
Pompano, Beach, FL
Zip 33069 Country

REINSTATEMENT

90-990
768
4/21/99

4. Date Incorporated or Qualified To Do Business in Florida January 1st 1999
5. FEI Number
6. 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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	NORTON, AGNES	1324 S.W. 44th AVE.	FORT LAUDERDALE, FLA, 33317
D	O'NEAL, VIRGINIA	2739 N.W. 3rd Street.	Pompano Bch, FLA. 33069
D	CROPPER, VELMA	889 RIVERSIDE DRIVE	FORT LAUDERDALE, FLA, 33312

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****428.75 ****428.75

8. Name and Address of Current Registered Agent
BOOKER, AARON
2601 N.W. 19th AVE.
OAKLAND PARK, FL 33069

9. Name and Address of New Registered Agent
Name: BOOKER, AARON
Street Address (P.O. Box Number is Not Acceptable): 2601 N.W. 19th AVE
Suite, Apt. #, Etc.
City: OAKLAND PARK, FL State: FL Zip Code: 33069

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: Aaron Booker REGISTERED AGENT MUST SIGN Date: 4-19-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (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)(g), 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: Virginia O'Neal SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-19-99 Daytime Phone #: (954) 956-8971

CR250A (1/2/98)