PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N95000001518 **DOCUMENT #**

1. Corporation Name

SIGNATURE:

REINSTATEMENT Principal Place of Business Mailing Address & 625 PikeHill, ROAD PORT RICHEY FL 34668 PORT RICHEY FL 34668 PORT RICHEY FL 34668 PORT RICHEY FL 34668 2 New Phincipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Journal To Do Business in Florida 3 (28/1995) FEI INJURIS C. Sparse Country 2 Description of Business in Florida 3 (28/1995) FEI INJURIS C. Sparse	UNION INC.	MISSIC	NARY BAPTIS	T CHURCH	OF PO	ORT RICHEY,	REIN	STATEMENT	113	
PART RICHEY FL 54688 PORT RICHEY FL 34689 PORT RICH	Principal P	lace of Busine	ess	Mailing Add	ess		06/27	1/03 90048 D	a 2 70.0	
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 3. New Mailing Office Address, If Applicable 4. Date Incorporation 4. Date Incorporation 5. FEI Number 5. 3. 4. 25. 25. 78 Applied For Incorporation 6. CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Floridia nonprollu corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director 7. Names and Street Addresses of Each Officer and/or Director 8. Street Address of Each Officer and/or Director 9. Name and Officer and/or Director 1970 SOULE RD 1970 SOU					5 PINEHILL KUAU					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. - City / State / Zp / State	If above	addresses are	incorrect in any way, line	through incorrect i	nformation a	nd enter correction below.	50 10/14	70023 7888 70301029018	76 **175.00 MR	
Suite, Apt. F, etc - Suito, Apt. F, etc								De Dualmana la Clasida		
City & State City & State City & State Country Countr	Suite, Apt. #, etcSuite				uite, Apt. #, etc			03/2		
Zip Country Centrify Centry Centry Centry Centry Centrificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names of Officers 7. Name of Officers 8. Street Address of Each 9. City / State / Zip 9. City / State / Zip 1970 SOULE RD 10. Lighting appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent Macroscopic Agent Macroscopic Registered Registered Agent Macroscopic Registered Registered Agent Macroscopic Registered Registered Agent Macroscopic Registered Registered Agent Registered Registered Agent Registered Registered Agent Registered Regis	City & Stat	te	-	City & State	City & State			APPLIES FOR Not Applicable		
Title(s) 2 Name of Officers and/or Directors 3 Stroat Address of Each Officer and/or Directors 4 City / State / Zip D GADSON, JAKIE 1970 SOULE RD CLEARWATER FL 33759 D HARRIS, E.C. 8225 OAKLEAF DRIVE PORT RICHEY FL 34668 D LIGHT, JEFF 4225 MGGLURRY DRIVE PORT RICHEY FL 34653 C LLONG DR I VE PORT RICHEY FL 34653 C LLONG DR I VE PORT RICHEY FL 34653 Street Address of New Registered Agent Name Name GADSON, JAKIE 1970 SOULE RD. CLEARWATER FL 34619 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Agent with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN	Zip Country			Zip	Zip Countr			RTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City/ State / Zep D GADSON, JAKIE 1970 SOULE RD CLEARWATER FL 33759 D HARRIS, E.C. 8225 OAKLEAF DRIVE PORT RICHEY FL 34668 D LIGHT, JEFF 4225 MCCLURE DRIVE NEW PORT RICHEY FL 34653 B. Name and Address of Current Registered Agent Name GADSON, JAKIE 1970 SOULE RD. CLEARWATER FL 34619 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State / Zep Code FL Signature of Registered Agent Date REGISTERED AGENT MUST SIGN Date	7. Names	and Street Ad	dresses of Each Officer a	and/or Director (Flo	orida nonprof	it corporations must list at le	east 3 directors)			
D LIGHT, JEFF 4225 MOCLURRY DRIVE PORT RICHEY FL 34668 D LIGHT, JEFF 4225 MOCLURRY DRIVE VELOC DRIVE NEW PORT RICHEY FL 34653 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GADSON, JAKIE 1970 SOULE RD. CLEARWATER FL 34619 Suite, Apl. #, Etc. City FL State Zip Code FL Signature of Registered Agent Date REGISTERED AGENT MUST SIGN	Title(s)	and/or Directors			Officer and/or Director					
D LIGHT, JEFF 4225 MGCLURRY DRIVE 4225 MCCLURG DRIVE 4225 MCCLURG DRIVE 4225 MCCLURRY	D				1970 SOULE RD			CLEARWATER FL 33759		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GADSON, JAKIE 1970 SOULE RD. CLEARWATER FL 34619 City State City State City State FL Signature of Registered Agent REGISTERED AGENT MUST SIGN Date REGISTERED AGENT MUST SIGN	D	HARRIS, E.C.			8225 OAKLEAF DRIVE			PORT RICHEY FL 34668		
O. Name and Address of Current Registered Agent Name GADSON, JAKIE 1970 SOULE RD. CLEARWATER FL 34819 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN	D	LIGHT, JEFF						NEW PORT RICHEY FL 34653		
O. Name and Address of Current Registered Agent Name GADSON, JAKIE 1970 SOULE RD. CLEARWATER FL 34819 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN										
GADSON, JAKIE 1970 SOULE RD. CLEARWATER FL 34819 Suite, Apt. #, Etc. City State Zip Code FL 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN				· -						
GADSON, JAKIE 1970 SOULE RD CLEARWATER FL 34619 Suite, Apt. #, Etc. City State FL Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Signature of Registered Agent REGISTERED AGENT MUST SIGN	8. Name and Address of Current Registered Age					ent 9. Na		ime and Address of New Registered Agent		
1970 SOULE RD CLEARWATER FL 34619 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN Sieter Address (1.0. box Number is Not Acceptable) Suite, Apt. #, Etc. Date	· · · · · · · · · · · · · · · · · · ·					Name				
CLEARWATER FL 34619 Suite, Apt. #, Etc. City State FL Tip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN		•			Street Address (P.O. Box Numi		(P.O. Box Numbe	r is Not Acceptable)		
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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. or 617.0505, F.S. Signature of Registered Agent	ULEAI	INVATER FL	39019	1//					[7]: O. d.	
Signature of Registered Agent Date REGISTERED AGENT MUST SIGN	. ()	1/x/e	en De	door	~	City			Zip Code	
Registered Agent Date	10. I, bein	g appointed th	e registered agent of the	above named com	oration, am f	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.0505,	F.S.	
Registered Agent Date	0		1							
	Signature Registered	of d Agent	SYGIN	NIU PE				Date		

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.

727 10-8-03 705-7788 Date Daytime Phone #

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 OCT 14 AM 8: 00