DI = 4							
APPLICATION FOR REINSTATEMEN		FLORID	A DEPARTME Sandra B. Mo Secretary of Secretary	NT OF STATE rtham State	OMPLET	ING THIS FORM. APPR AI FIL	ÖVED ED
DOCUMENT # N95 00000 1759- 1. Corporation Name					98 DEC 31 AM 11: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
CHRIST UNITED GOSPEL BELLOWSHIP INC.						TÄLLAHASSE	E, FLORIDA
Principal Place of Business Mailing Address 110 S: MONROS ST TACC. Fl. 32307. If above addresses are incorrect in any way, line through incorrect information and enter correction below.					6000027347867 -01/08/9901068019 ****358.75 ****358.75		
2. New Principal Office Address, I	New Mailing Office Address, If Applicable			Date Incorpo To Do Busin	orated or Qualified	alac	
SAME AS ABOUE Suite, Apt. #, etc.		Suite, Apt. #,	etc.		5. FEI Number CApplied For		
City & State		City & State			e e		Not Applicable Additional Fee required
Zip Country		Zip	Countr	_ 	<u></u>		r a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s) and/or Directors Offlicer and/or Directors 1 2 3 (Do NOT Use Post Office B				flicer and/or Director se Post Office Box N	iumbers)	City / Star	
SENIER C. EUSPETTE COOPER GOLI GIEN EAGLEWAY TALL FL. 32312							
MASTER C. WILLIAM CONTROL WITH CONTROL WITH							
PASTOR ALICIA COOPER					,	1.5	
DEADN ROBERT EVERYGART 1105, MONIPOEST.						TACL &	(, 32301
CHURCH LYNETTE DARIETY			BENFOR	RY WAY T		TACC	F(132301
Cas sy		<u>-</u>	11:	<u> </u>			(h)
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							
Name Ly					NETTE DARIETY		
C. EVERTTE COPER				Street Address (P.O. Box Number is Not Acceptable)			
116 S. MONROS 100 Suite, Apt. #, Etc.							·
City State Zip Code							Zio 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 Date 12/31(98)							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							
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: 200 00 12/31/98 577-92							77-9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #							