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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 9500000 2.000

1. Corporation Name

BURNING BUSH MINISTRIES INC.

FILED

01 JUL -6 PH 12: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida — / _ 26 _ 1995 S. FEI Number	•					
Sure, Apt. #, etc. Sure, Apt. #, etc. City & State VAN BUREN, O.#I-O Country Lip Country Zip Country To bo Business in Florida "J. 26. 1995 S.TEI Number Lip S 0.58 - 1/6 Not Applicable CERTIFICATE OF STATUS DESIRED TO Not Applicable CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE Suite, Apt. #, Etc. City TALLAHASSEE State State FL Zip Code FL Zi	2. Principal Office Address 208 South MAIN St	3. Mailing Office Address	REINSTATEMENT 98-01			
S. FEI Number Applied For Applied For Applied For Country Country S. FEI Number Applied For Not Applie	Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Business in Florida - 4 - 26 - 1995			
Country 458 89 HANCOCK 7. Name and Address of Current Registered Agent Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE Suito, Apt. #. Etc. City TALLAHASSEE State State City TALLAHASSE State Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Resistered A	City & State UAN-BUREN-0-H-1-0	City & State				
Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE Suite, Apt. #, Etc. City TALLAHASSEE State FL 32303 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 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 Officers and/or Directors Street Address of Each Officer and/or Directors City / State / Zip PD William T. BEST. 208 - South Main 3 - Unin Burbin, Ohio 45889 U.PD William J. BEST 208 South Main 3 - Unin Burbin, Ohio 45889 SDT Geneurs S. BEST 208 South Main 8 - Unin Burbin, Ohio 45889 -07/06/01-01038-021	Zip Country	Zip Country	6. SPATISICATE OF STATUS DESIDED 39.75 Additional Fee required			
CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE Suite, Apt. #, Etc. City TALLAHASSEE State TALLAHASSE State State TALLAHASSE Signature of Registered Agent REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Titles Officer and/or Directors Agent		7. Name and Address of Current Re	gistered Agent			
TALLAHASSEE State Zip Code 32303 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 Date 7/5/01 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 Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PD William T BEST 208 - South - Main 3 + Unix Burbin, Ohio 45889 U.PD William J. BEST 425 NEV ADA Live Finally, Ohio 45890 SDT Genevas BEST 208 South Main 8 + Unix Burbin, Ohio 45890 SDT Genevas BEST 208 South Main 8 + Unix Burbin, Ohio 45890 400 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 45890 100 45890 400 400 400 100 45890 400 400 400 100 45890 400 400 100 400 400 400 100 400 400 400 100 400 400 400 100 400 400 400 100 400 400 100 400 400 400 100 400 400 400 100 400 400 400 100 400 400 400 100 400 400 400 100 400 400 400 100 400 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400 400 100 400	CORPORATE ACC Street Address (P.O. Box Number is N 236 EAST 6TH	ot Acceptable)				
Signature of Registered Agent Registered Address of Each Officer and/or Director Registered Agent	City		State Zip Code 32303			
Name of Officers and/or Directors PD William T. BEST. 208 - South - Main 8t Unn Burgn, Only 45889 U.PD William J. BEST 425 NEVADA LN FINDLAY, ONLO 45840 SDT Genevas. BEST 208 South Main 8t Unn Burgn, Onlo 45889 -UT/05/01-01038-021	Signature of ()	mits.	7/-/			
PD William T. BEST. 208-South-Main 8 UAN BURBN, ONIO 45889 U.PD William J. BEST 425 NEV ADA LN FINDLAY, ONIO 45840 SDT Genevas. BEST 208 South Main 8 UAN BUREN, ONIO 45889 400004452434-0	9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must lis	st at least 3 directors)			
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-07/06/0101038021	SDT GENEVAS. BEST	208 South m				
	}		4000004400404			
		·	-07/06/0101038021			

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 filling 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: William 4. DOLF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date