

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE Sandra L. Mortimer Secretary of State DIVISION OF CORPORATIONS</p>		<p>195000002243</p>																													
<p>DOCUMENT # <u>195000002243</u></p>																															
<p>1. Corporation Name</p> <p style="font-size: 1.5em;"><u>GOD SENT SERVICES INC.</u></p>																															
<p>Principal Place of Business</p> <p><u>630 SPRING OAKS BLVD.</u> <u>Altamonte Springs FL.</u> <u>32714</u></p>		<p>Mailing Address</p> <p><u>Same</u></p>																													
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																															
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p><u>5/10/93</u></p>																													
		<p>5. FEI Number</p> <p><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>																													
		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><u>President</u></td> <td><u>CLAUDE MATTHEWS</u></td> <td><u>630 SPRING OAKS BLVD.</u></td> <td><u>Altamonte Springs FL. 32714</u></td> </tr> <tr> <td><u>Vice President</u></td> <td><u>MALCOLM TAYLOR</u></td> <td><u>630 SPRING OAKS BLVD.</u></td> <td><u>Altamonte Springs FL. 32714</u></td> </tr> <tr> <td><u>Treasurer</u></td> <td><u>ROBERT PATTERSON</u></td> <td><u>630 SPRING OAKS BLVD.</u></td> <td><u>Altamonte Springs FL. 32714</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				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	<u>President</u>	<u>CLAUDE MATTHEWS</u>	<u>630 SPRING OAKS BLVD.</u>	<u>Altamonte Springs FL. 32714</u>	<u>Vice President</u>	<u>MALCOLM TAYLOR</u>	<u>630 SPRING OAKS BLVD.</u>	<u>Altamonte Springs FL. 32714</u>	<u>Treasurer</u>	<u>ROBERT PATTERSON</u>	<u>630 SPRING OAKS BLVD.</u>	<u>Altamonte Springs FL. 32714</u>												
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<p>8. Name and Address of Current Registered Agent</p> <p><u>GEORGE J. LOH</u> <u>5975 SUNET DRIVE</u> <u>Suite 302</u> <u>Miami FL. 33123</u></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name <u>CLAUDE MATTHEWS</u></p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>630 SPRING OAKS BLVD.</u></p> <p>Suite, Apt. #, Etc. <u> </u></p> <p>City <u>Altamonte Springs</u> State <u>FL</u> Zip Code <u>32714</u></p>																													
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations in Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u>[Signature]</u> Date <u>10/27/97</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																															
<p>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.</p>																															
<p>SIGNATURE: <u>[Signature]</u> <u>CLAUDE MATTHEWS</u> <u>10/27/97</u> <u>(407) 786-0008</u></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																															

FILED
 97 OCT 27 PM 12:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E040 (12/96)