


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REMOVED
AND
FILED

00 MAY -2 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004344 1. Corporation Name WEST BROWARD CHURCH OF GOD, INC.			
2. Principal Office Address 1200 NW 19TH STREET Suite, Apt. #, etc. N/A City & State FT. LAUDERDALE, FL Zip 33311 Country USA		3. Mailing Office Address 1200 NW 19TH STREET Suite, Apt. #, etc. N/A City & State FT. LAUDERDALE, FL Zip 33311 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 09/12/95		5. FEI Number 65-0565836 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent	
Name CALLAM, THELMA R.	
Street Address (P.O. Box Number is Not Acceptable) 520 LONG ISLAND AVENUE	
Suite, Apt. #, Etc. N/A	
City FT. LAUDERDALE	State FL Zip Code 33312

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Thelma R. Callam

Date **04/29/00**

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	DAVIDSON, JOHN P.	9350 NW 34TH COURT	SUNRISE, FL 33351
DS	CLARKE, MAURICE A.	4301 NW 35TH AVENUE	LAUDERDALE LAKES, FL 33309
DT	MORGAN, FERGIE	4330 NW 19TH ST, J312	LAUDERHILL, FL 33313
D	DAVIDSON, KURT	6320 NW 11TH ST, #202	SUNRISE, FL 33313

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****428.75 ****428.75

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 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.

JOHN P. DAVIDSON

SIGNATURE

John P. Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/00

Date

(954) 572-7457

Daytime Phone #