

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 MAR -5 AM 9:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N9500000 5322**

1. Corporation Name

FAITH MINISTRIES BELGIUM, INCORPORATED

Principal Place of Business

Mailing Address

**853 Brookson Ave., NW
 Palm Bay, FL 32907**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/8/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3375538

Applied For

Not Applicable

City & State

City & State
Palm Bay, FL

Zip

Country

Zip

32906

Country

USA

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
P/D	SANDRA G. LONEY	853 Brookson Ave., NW	Palm Bay, FL 32907
T/S/D	LORING F. LONEY	853 Brookson Ave., NW	Palm Bay, FL 32907
T	WILFIED LONEY	5645 PINEY Ridge Dr.	Deland, FL 32808.

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B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LORING F. LONEY
853 Brookson Ave., NW
Palm Bay, FL 32907

Name

ROY A. PRAVER

Street Address (P.O. Box Number is Not Acceptable)

1701 S. Washington Avenue

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **1/23/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
Sandra G. Loney
 President

1/23/98 407-383-3445

Date Daytime Phone #

CR2E040 (12/96)