DI FACE DEAD ALL INCEDITONS DEFODE O	COMPLETING THE FORM
PLEASE READ ALL INSTRUCTIONS BEFORE CO. APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham	OMPLETING THIS FORM.
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # M500005672	98 DEC -7 AM 10: 43
Clean Slate Ministries Inc. Principal Place of Business Mailing Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address 1010 Wildwood West	0000027097609 -12/11/9801022003
Lakeland, FL 33801	*****236.25 RFINSTATEMENT
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida
1010 W. 14 Wood West P.O. Box 90962 Suite, Apt. #, etc. Suite, Apt. #, etc.	5. FEI Number Applied For
City & State Lakeland, FL Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi	59-3348826 Not Applicable 6. CERTIFICATE OF STATUS DESIRED To a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	st 3 directors)
Title(s) 1 2 Name of Officers and/or Directors 2 Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
Peter Beaulieu 1010 wildwood h	vest Lakeland, FL 33801
VP Deborah Beaulieu 1010 wildwood wo	st Lakeland FL 33801
Of Stephen Zahorian 69 Timberlan	d Cr. FT. Myers, FL 33919
D Dan Betzer 6901 Harborto	ane FT. Myers, FL 33919
D Donald Bennett 2026 EARL RO	1. FT. myers, FL 33901
D Walter Weisel 6624 Daniel 8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Peter Beaulieu Street Address (P.	O. Box Number is Not Acceptable)
1010 Wildwood West Lakeland, FL 33801 Suite, Apt. #, Etc.	
City	State Zip Code
10.1 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 12-3-78 REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U	
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEBOVAN S. BERLULEU	12/2/98 941-859-1477 Date Daylime Phone # x331