

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N96000002641

1. Corporation Name  
**THEE UNLIMITED OUTREACH, MINISTRIES, AND APOCALY PSE CHURCH, INC.**

Principal Place of Business Mailing Address  
 3120 PEMBROKE RD P.O. BOX 1647  
 BAYS#233 AND #234 HOMESTEAD FL 33090  
 HALLANDALE FL 33009  
 US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable <b>HSI SE 8th Street</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>05/16/1996</b>	
Suite, Apt. #, etc. <b>Suite #133</b>		Suite, Apt. #, etc.		5. FEI Number <b>65-0674447</b>	
City & State <b>Homestead, Florida</b>		City & State		Applied For Not Applicable	
Zip <b>33030</b>	Country <b>U.S.A.</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HAIRSTON, DIANNIE M	81 SW 6TH STREET	HOMESTEAD FL 33030
<del>TD</del>	<del>HAIRSTON, JAMES D</del>	<del>3120 PEMBROKE RD</del>	<del>HALLANDALE FL 33009</del> Deceased
DV	JAIMES, ADAN C	14500 SW 280TH STREET LOT # 2	HOMESTEAD FL 33032
SD	BROOKS, DARYL	2400 SW 127TH AVENUE	PRINCETON FL 33032
<del>D</del>	<del>MCDANIELS, JOE E</del>	<del>900 NW 8TH AVENUE # 113</del>	<del>FLORIDA CITY FL 33034</del> Deceased
<del>D</del>	<del>DUNN, VICTOR REV</del>	<del>3120 PEMBROKE RD</del>	<del>HALLANDALE FL 33009</del> Deceased

8. Name and Address of Current Registered Agent

HAIRSTON, DIANNE M  
 81SW 6TH STREET  
 HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **11/01/02**

11. 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500009027705  
 11/15/02--01080--028 \*\*245.00

Date **11/01/02** 305-245-3911  
 Daytime Phone #

CR2E040 (8/02)