APPLICATION REINSTATEMENT



Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

N96000005738 DOCUMENT #

1. Corporation Name

Principal Place of Business

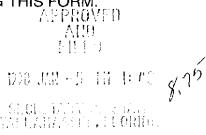
5834 5TH AVE S

A TOUCH OF GOD MINISTRIES, INC.

ST PETERSBURG FL 33707	ST PETERSBURG FL 33707			
If above addresses are incorrect in any way, line to 2. New Principal Office Address, If Applicable	hrough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
Zip Country	7 _{(p} Country			

Mailing Address

5834 5TH AVE S





New Principal Office Address, If Applicable 3. No		3. New Maile	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 11/07/1996		
Sulte, Apt.		Suite, Apl. #,	etc.		5. FEI Numbe		Applied For Not Applicable	
Zip	Country	2 (p	Сои	ntry	6. CERTIFICAT	E OF STATUS DESIRED <table-cell></table-cell>	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Fto	rida nonprofit corpo	orations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Fa Officer and/or Direc Use Post Office Bo	tor	City /	State / Zip	
DP	LYUM, HARRY G		5834 5TH AVE	\$		ST PETERSBURG FL	33707	
DV	RUSSICK, NORMAN		5834 5TH AVE	\$		ST PETERSBURG FL	33707	
DT	CHESSER, WESLEY T		5834 5TH AVE	S		ST PETERSBURG FL	33707	
DS	LINDSEY, MARIA P		5834 5TH AVE	\$		ST PETERSBURG FL	33707	
11 17 27					REINS	TATEMEN	9745190	
	8. Name and Address of Curren	t Registered Age	ont		9. Name and a	T Address of New Registere	d Agent	
LYUM, HARRY G 5834 5TH AVE S ST PETERSBURG FL 33707					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. -01/08/98			
10. I, bein	g appointed the registered agent of the a	bove named corpo	oration, am familiar	with and accept the		1.	- (
Signature of Registered	of Agent. Harry	C V V	ENT MUST SIGN			Date . Wov 28	197	

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 rehistatement 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.

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Nov 28, 97 347-2798

(See other side for information on intangible tax.)