

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 21 PM 4:00

DOCUMENT # N97000003840

1. Corporation Name

BIBLE TEACHERS MANIFESTATION OF THE SONS OF GOD, INC.

Principal Place of Business

Mailing Address

4709 WASHINGTON ST.  
 HOLLYWOOD FL 33021

4709 WASHINGTON ST.  
 HOLLYWOOD FL 33021



REINSTATEMENT

60-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0763977

Applied For

Not Applicable

City & State

City & State

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DA Chaplain	MARTIN, WILLIAM JR.	4709 WASHINGTON ST. 175 TRACE TERRACE Stone Mountain GA	HOLLYWOOD FL 33021 30083 APT. 175
70 YR 1	MARTIN, MICHAEL O	6418 NW 82ND AVE.	PARKLAND FL 33067
78	MARTIN, MARSHA VAUGHN	4709 WASHINGTON ST. 1048 FLAT SHOALS RD. EAST APT. 915	HOLLYWOOD FL 33021 COLLAGE PARK GA 30074
			300004721303--5 -12/12/01--01079--024 *****297.50 *****297.50
			300004721303--5 -12/12/01--01079--025 *****17.50 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, WILLIAM JR. <sup>HKA</sup>  
 4709 WASHINGTON ST. D. 6418 NW 82<sup>ND</sup> AVENUE  
 HOLLYWOOD FL 33021  
 Parkland, FL, 33067

Name MICHAEL O MARTIN  
 Street Address (P.O. Box Number is Not Acceptable)  
 6418 NW 82<sup>ND</sup> AVENUE  
 Suite, Apt. #, Etc.  
 City PARKLAND FL State FL Zip Code 33067

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

*Michael O. Martin*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date April 27, 2001

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: *Chaplain William Martin JR.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 27, 01 Daytime Phone # 404-297-9366

CR2E0AG (8/00)