PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

- THE A				. As 199 .	e f
CORPORATION	FLORII	DA DEPARTMENT OF STATE Secretary of State		Fit	ED
REINSTATEMENT	DIVI	ISION OF CORPORATIONS			AM 10: 29
DOCUMENT# N 97006606898				SEURLIAR TAHLAHAR	T OF STATE SEE, FLORIDA
L. Couparation Name THE ETERNAL GUIDING LIGHT FAITH				المراه و و و همه منه الدو ال	Nata I II CANADA
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MINISTRIES AND COMMUNITY DEVElopment			ļ ,		
Corporation, INC.			500163088895 11724/0901040002 **122.50		
,		Office Address W. Atlantic Blvd.	b	FINSTATE IMPNT	08-08
Suite. Apt. #, etc. Suite. Ap				ated or Qualified	170
		To Do Business in Florida $1-2-9$			
Pompano Beach, FL Pompa		PANO BEACH, FL	5. FEI Number Applied For Not Applied he		
73069 Country USA	3306	Country	6. CERTIFICATE		litional Fee required ertificate of Status
7. Name and Address of	Current Regis	stered Agent		*	
Name GARY B. MCCLEOD			The reinstatement fee is imposed, except in circumstances		
Street Address (P.O. Box Number is Not Acceptable)		whic	h the entity did not recieve the prior	notices By	
Suite, Apt. #, Etc.			checking this box, you are certifying the prior notices were not recieved and requesting the reinstatement fee be		
			waiv	ed.	
City Pompano Beach	State FL	Zip Code 3 3 0 6 9			
8. I being appointed the registered agent of the above na	med corporati	ion, am familiar with and accept the obligation	s of section 607.050	05 or section 617.0503, F.S.	
Registered Agent () any B. Million Date 11-18-09					
9. Names and Street Addresses of Each Officer and/or Di		AGENT MUST SIGN la nonprofit corporations must list at least 3 din	ectors)		
Name of fittes Officers and/or Directors		Street Address of Each officer and/or Director	A 11/20	City/State/Zip)
P GARY B. McCleod		2420 NW 65+	\(\)	Pompano Beach, F	-L 33069
UP synthia Y. mccleod		2420 NW 65+		Pompano Beach, F	
D Janice Bynum		2413 NW 65+		Pompano Buack,	FL 33069
D Joyce JACKSON		360 NW 14 St		Pompano Beach,	EL 33060
T Donna Noird		951 NW 27 AWL		Pompano Rench	FL 33069
T PAMEIA PHOENIX		951 NW 27 AVR		Pompano Beach	FL 33069
10. E-mail Address: 「セソソケモ	vabo	n Qaol.com			
(To be used for future annual report notifications)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: () any B. MCW GARY B. MCCLEOD 11-18-09 954.871-6365					
SIGNATURE AND TYPED	OR PRINTERS	NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone#



November 18, 2009

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 23214

To Whom It May Concern:

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Please be advised that our organization, The Eternal Guiding Light Faith Ministries & CDC, Inc. did not receive our Annual Report for 2008 and therefore could not renew our Annual Report.

Our PO Box 666836 was temporarily closed and we did not receive the Annual Report renewal notice. When we realized the mistake we tried to renew online but could not therefore we are sending you our corporation reinstatement and are asking you to waive the reinstatement fee of \$175.00 and accept the renewal fee of \$122.50 which is the fee for 2008 and 2009.

If you agree with us then please find a check enclosed for the amount of \$122.50 please accept this fee and waive the reinstatement fee of \$175.00.

If you have any questions please call 954-871-6365. Thank you for taking the time for reading and considering this letter.

Sincerely,

President & CEO