




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 10 PM 2:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N9800000077					
1. Corporation Name LIFT High the Cross Ministry, Inc.					
2. Principal Office Address 7601 SW 39th St		3. Mailing Office Address 7601 S.W. 39th St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVID, FL		City & State DAVID, FL			
Zip 33328-2716	Country USA	Zip 33328-2716	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 1/5/98	
				5. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Robert T Inghram		000004596790--8 -09/18/01--01036--004 ****297.50 ****297.50			
Street Address (P.O. Box Number is Not Acceptable) 14175 ICOT Blvd					
Suite, Apt. #, Etc. Suite 100					
City Clearwater		State FL	Zip Code 33760		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 		Date 07/9/01			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	DARRELL STUARENBERG	7601 SW 39th St		DAVID FL 33326	
ST	Jerry Kosberg	1333 S. Kirkwood Rd		ST. Louis, MO 63122	
VP	Jay Masen	7601 SW 39th St		DAVID, FL 33326	
D	Karl Frennt	2223 SW Denaview Dr		Topeka, KA 66614	
D	Jim Likens	1333 S. Kirkwood Rd		ST. Louis, MO 63122	
D	Eileen Bishop	7601 S.W. 39th St		DAVID, FL 33326	
10. 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:  VP		7/10/01 302-521-2734			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E01 (9/00)