PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	Γ



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED

00 JUL 17 AM 9: 22

SECRETARY, OF STATE

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DOCU		# N98000006	87			-		e ste stoe on t	±±.→ € [_}#;	民政治			
PIN	E GROVE	NATIONAL CH	HURCH C)F GOD	, INC.								
2. Principa	al Office Address	***************************************	Office Address										
	9 Sunri	se Blvd.			se Blvd.	·	İ						
Suite, Apt. #	#, etc.		-	Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Fiorida February 5-,-98-					
Delray Beach, Florida			Delray Beach, Florida				5. FEI Number		<u>*************************************</u>	EDTIG	Ap	oplied For X	
Zip Country USA			Zip Country USA				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status						
_	7. Name and Address of Current Registered Agent												
	Street Address (P.O. Box Number is Not Acceptable) -08/02/0001064024										. 41		
-	City Delra	y Beach	. 4					State FL	Zip Code 3344	4			
8. I, being Signature of Registered	of I	gistered agent of the above	N/a	Dration, am ta	1	accept the ob	ligations of section		95 or 617.050 Marcl		200	00	
9. Names	and Street Addre	esses of Each Officer and/	or Director (Flo	orida nonpro	fit corporations n	nust list at lea	ıst 3 directors)						
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip					
Pres.	Bishop Rupert Ramsey			4629 Sunrise Blvd.				Delray Beach, F1 33444					
Т. V <u>-Р</u>	Elder Daniel Ramsey			3029 Angler Drive				Delray Beach, Fl 33444					
Sec.	Hortense Palmer			210 S.W. 8th Avenue			ie	Deli	ray Be	ach,	Fl :	33444	
Т	Tyrone Ramsey				2543 Angler Drive			Deli	ray Be	each,	Fl	33444	
		On the second se		v · · · · · W has · /	P	ens	TATEN	EN	T99	-Q`	3	78	
10. Licertify	that Lam an offic	er or director or the receiv	er or trustee er	mnowered to	n execute this an	olication as or	rovided for in char-	ter 607 o	r 617 F.S. L	further certi	ify that wi	hen 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 2000

(561) 638-6648