

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000001828

1. Corporation Name

AND IN THE BEGINNING, INC.

Principal Place of Business

Mailing Address

1900 SW 48TH AVE.
CARVER RANCHES FL 33023

1900 SW 48TH AVE.
CARVER RANCHES FL 33023

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1998

5. FEI Number

66-0915175

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DV	CHENNAULT, MELVA T	1900 SW 48TH AVE.	CARVER RANCHES FL 33023
DP	CHENNAULT, WILLIAM	1900 SW 48TH AVE.	CARVER RANCHES FL 33023
DS	SMITH, MELVIN	4801 NW 18TH STREET	FORT LAUDERDALE FL 33313
DT	THOMPSON, HUGO	4131 STERLING ROAD #308	FORT LAUDERDALE FL 33314
D	GREENE, SHAWN T	4801 NW 18TH STREET	FORT LAUDERDALE FL 33313

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHENNAULT, MELVA T
1900 SW 48TH AVE.
CARVER RANCHES FL 33023

Name

Street Address (P.O. Box Number, If Applicable)
5000084034276-4

Suite, Apt. #, Etc.

11/03/99-01002-001
***175.00 ***175.00

City

State

Zip Code

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

Melva T. Chennault
REGISTERED AGENT MUST SIGN

Date

10/18/99

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:

Melva T. Chennault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/18/99
Daytime Phone #

(954) 989-5395
989-3408

04-14-99 90206-013 1025

FILED

99 OCT 22 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



002040 (9/99)