


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>198000003098</u>			
1. Corporation Name <u>Saint Paul Development Center Inc</u>			
2. Principal Office Address <u>85 M.L. King Jr Ave.</u>		3. Mailing Office Address <u>PO Box 4108</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Saint Augustine, FL</u>		City & State <u>St Augustine Florida</u>	
Zip <u>32084</u>	Country <u>St Johns</u>	Zip <u>32084</u>	Country <u>St Johns</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>05/28/1998</u>		5. FEI Number <u>593517331</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>mark h Griffin</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1627 Rogers Road</u>			
Suite, Apt. #, Etc.			
City <u>Jacksonville</u>		State <u>FL</u>	Zip Code <u>32211</u>
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		000075205210 05/24/06--01026--012 **498.75 Date	
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
<u>Pastor</u>	<u>Oliver Simmons</u>	<u>4549 Golf Ridge Dr.</u>	<u>Elkton, FL 32033</u>
<u>Trustee</u>	<u>Annett C. Chase</u>	<u>262 West King Street</u>	<u>St Augustine FL 32085</u>
<u>Trustee</u>	<u>Jacqueline Bryant</u>	<u>904 Chippewa St</u>	<u>St. Augustine FL 32086</u>
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 contained in Chapter 119, 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: <u>Oliver Simmons</u>		05/01/06 9048293918	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

may. 01 2006

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To whom it concern,

I have researched the records of the Development Center and have not found records of the annual notification from the Department of State for the the year ~~that~~ the dissolution took place in 1999.

Sincerely,

Reverend Oliver Simmons