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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

2. Principal Office Address



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N 9 8 0 0 0 0 0 5 4 15

SAND AVENUE/CHURCH OF CHRIST, INC.

3. Mailing Office Address

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SECRETARY OF STATE TALLARDSSEE, FLORIDA

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5838 Gilliam Road Suite, Apt. #, etc. City & State Orlando, FL		5838 Gill Suite, Apt. #, etc.	iam Road	4. Date Incorporated or Qualified		
		City & State Orlando,	FL	To Do Business in Florida 09/17/1998		
^{Zip} 32818	Country	^{Zip} 32818	Country USA	6. CERTIFICATE OF STATUS DESIRED. \$8.75 Additional Fee require for a Certificate of Status		
		7. Name a	and Address of Current Re	gistered Agent		
Name	Name Kenneth R. Gilliam					
Street	Street Address (P.O. Box Number is Not Acceptable) 5838 Gilliam Road			400024996814 11/04/0301015017 ***490 00		
Suite, /	Suite, Apt. #, Etc.					
City	City . Orlando			State Zip Code FL 3.2818		

Registered		Date October 2003		
9. Names	and Street Addresses of Each Officer and/or Directo	r (Florida nonprofit corporations must list at least 3 director	rs)	
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P/D	Kenneth R. Gilliam	5838 Gilliam Road	Orlando, FL 32818	
V/D	Dale H. Sindt	12879 Winterhaven Circ	cle-Orlando,-FL 32828	
S/T/D	Calvin J. Bailey	3000 Clarcona Road	Apopka, FL	
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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.

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 filling 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:

Kennorth Gillian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R. Gilliam Oct.

Date

2003 407-299

Daytime Phone #

3488