

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

198000005846

1. Corporation Name

EVERLASTING COVENANT MINISTRIES INC.

2. Principal Office Address

3333 W. ATLANTIC BLVD

Suite, Apt. #, etc.

34

City & State

Pompano Bch FL

Zip

33069

Country

USA

3. Mailing Office Address

P.O. Box 50283

Suite, Apt. #, etc.

City & State

Pompano Bch FL

Zip

33074

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/98

5. FEI Number

650873961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kanetra Shaw

Street Address (P.O. Box Number is Not Acceptable)

641 S.W. 14TH STREET

Suite, Apt. #, etc.

City

Deerfield Beach

State

FL

Zip Code

33441

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

Kanetra Shaw

Date

12/1/02

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
D	ERNEST B GONDER	641 SW 14TH STREET	Deerfield Bch FL 33441
D	Barbara J Gonder	641 SW 14TH STREET	Deerfield Bch FL 33441
T	Willie M. Henley	1522 NW 4TH Ave.	Pompano Bch FL 33060

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST B. GONDER

Date

12/5/02

Daytime Phone #

954-421-8042

Everlasting Covenant Ministries, Inc
P.O. Box 50283
Pompano Beach, FL 33074


Dear Sirs

This letter comes regarding reinstatement of the following corporation:
Everlasting Covenant Ministries, Inc. We did not receive annual reports during the year of
2002, and we request that you wave any penalties fees.
Also enclosed is the fees for the year 2003.
Enclosed is the amount of \$122.50

Finally, please forward all correspondences to P.O. Box 50283, Pompano Beach, FL 33074

Thank you for your promptness with our request.

Sincerely,



Ernest Gonder