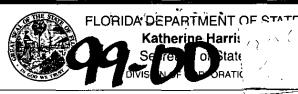
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAR 27 PM 4: 06

DOCUMENT	#	N9	8000	000	601	5
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• Corpora	auon ivame			, , ,	_ }				
Eben	eger d	Development.	Ministrie	Incorporate				_	
2. Princina	al Office Add		3. Mailing Office Addr	P88	DEINIC.	TATI	EWENT	79-00	
350		tate Rd 7		State Rd 7	UPHER	85436	enter de la compansión de		Ī
Suite, Apt. #		440	Suite, Apt. #, etc.	440	4. Date Incorp	orated or Q			
City & State	le v <i>ol</i> a	de Lakes-	City & State	late fatis	5, FEI.Numbe	را	^{da} Nec. 31, 08 70721	Applied For. Not Applicable	
33	319	Broward	33319	Proward	6. CERTIFICATE		DESIRED \$8.75 Ad	Iditional Fee requir ertificate of Status	red
•		-	7. Name and	Address of Current Registe	ered Agent				_
	Name	XXII:	Jo-X	nave u	Shite	-			
		ddress (P.O. Box Number is No	ot Acceptable) 35	00 N. Si	tate l	eac	17		
	Suite, Ap	t. #, Etc.	-	440	* 1	=			
	City	Lander	dale 7	Lakes		State FL	Zip Code 33 3/9		
8. I, being	appointed th	he registered agent of the above	ve named corporation, am	familiar with and accept the	obligations of section	on 607.0505	or 617.0503, F.S.		66/6) 1
Signature o Registered			TO-//X	rie Who	te 50	□□□□ ≥#**	320255 11/0001006 *306.25 ***	58 011 **308.25	CR2E08
9. Names	and Street A	Addresses of Each Officer and	l/or Director (Florida nonpi	rofit corporations must list at l	least 3 directors)	NOTE OF STREET		According to the second	7
Titles		Name of Officers and/or Directors		Street Address of Eac Officer and/or Direct					
chn	B.	ingsley E.g	Dailey 350	ON. State	Rd7	four	derdale A	ls,#3	2/9
Pres.	Far	frick Thom	1800 645	4 Na 65	Terr	Dante	claud A.	33067	
Sec.	10	- Dave a	Inte 645	4 NW 65	Terr	Dan	clard, A	33067	-
Hes.	KOa	ve Hy /v	600 120	g Sussex	Drive/	Nil	g auxlerolate	. 71.33	068
€	Ma	rgaret Edu	vardo 350	x N. State	Rd 7	Lava	lexlale fl	rs, 73	2/9
Q	Win	Hon Thon	psn 1811	SW 102 A	vanve,	Denk	roke Jines	4.330	25
10. I certify	that I am ar	n officer or director or the recei	ver or trustee empowered	to execute this application as	provided for in ha	pter 607 or 6	617, F.S. /further certify	that when filing	Ħ

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 tegal effect as if made under oath.

SIGNATURE!

Daytime Phone #

Date



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



REI	NSTATE	MENT	S	ecretary of Sta	ite					
T. Corpo	ration Name		00000 60							
the	eger t	Development	Ministr	ies Incom	posated	1	. 1			
Principal Office Address 3. Mailing 0				ice Address	4.	ADDITIONALERS				
 Suite, Apt	#, etc.		Suite, Apt. #, e	tc.						
Tiry & Sta	 te		City & State	City & State			4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For			
/ip	=	Country	Zíp	Country		6. CERTIFICATE OF S	STATUS DESIRED S8.75 for a	Not Applicable Additional Fee required Certificate of Status		
			7. Na	me and Address of	Current Register	red Agent	• ** Argon	The state of the s		
	Name					,				
	Street Add	dress (P.O. Box Numbe	er is Not Acceptable)	-				•		
	Suite, Apt	. #, Etc.								
	City					St.				
 ≘. 1, bein	g appointed th	e registered agent of th	e above named corpora	tlon, am familiar with	n and accept the of	bligations of section 60	7.0505 or 617.0503, F.S.	:		
Signature Registered			REGISTERED AGE	NT MUST SIGN			Date	:acava):		
9. Name	s and Street A	ddresses of Each Offic	er and/or Director (Flori	da nonprofit corpora	tions must list at le	ast 3 directors)		 i		
Titles		Name of Officers and/or Dire	ectors		et Address of Each er and/or Director		City / State / Zip			
D	Hev		iley:	3500 N (State	Rd 7	anderdale	fts. #		
D	700	ichael?	Deiper.	3500N	State 1	ed F	wholdale	ks, #333,		
	<u> </u>			<u> </u>						
								<u>,</u>		
								-		
						-				
this re owed	einstatement ap by the corpora	oplication, the reason fo tion have been paid an	r dissolution has been e	liminated, the corpor ils listed on this form	rate name satisfies do not qualify for a	the requirements of se an exemption under sec	507 or 617, F.S. I further certicution 607.0401 or 617.0401, stion 119.07(3)(i), F.S. The inf	F.S., that all fees		