PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N98000006303 DOCUMENT #

1. Corporation Name

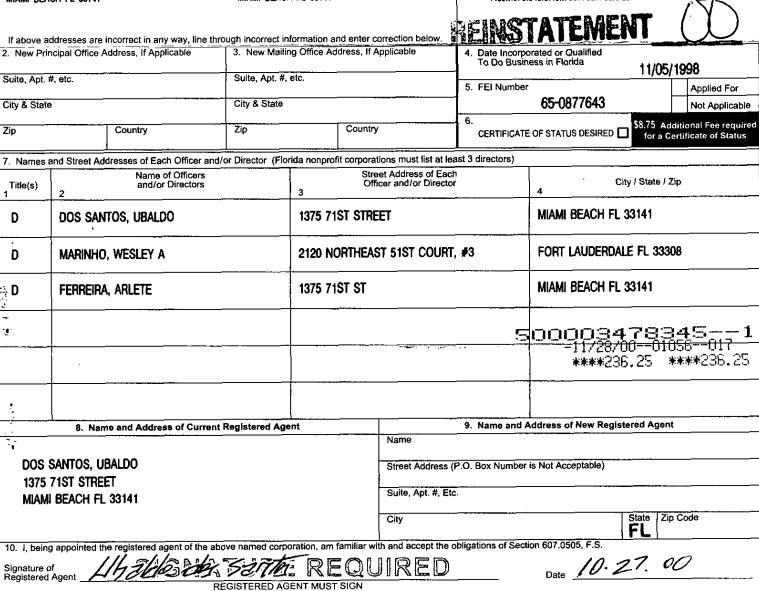
MOUNT SINAI PENTECOSTAL CHURCH CORP.

Principal Place of Business

Mailing Address

**1375 71ST STREET** MIAMI BEACH FL 33141 PO BOX 415094 MIAMI BEACH FL 33141

FILED 00 NOV -2 AM 11: 01 SECRETARY OF STATE TALLAHASSEE FLORIDA



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 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.

10.27.00 305.321-4710
Date Daytime Phone #