PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS	FILED 09 NOV 12 PM 2: 27
DOCUMENT # N9900001665 1. Corporation Name		GLORGE ÁRT GÁ STATE TALLAHASSEE, FLORIDA
COUNT IT ALL JOY CHURCH OF DELIVERANG		300162700813 11/10/0901033002 **245.00
2. Principal Office Address - No P.O. Box # 3. Mailing 1725 Flagle DR PO Suite, Apt. #, etc. Suite, Apt.	Office Address Box 7875 R	EINSTATEMENT-07-0
		4. Date Incorporated or Qualified To Do Business in Florida Mach 17, 1994 -
City & State Claruster Forida Clar	water Florida	5. EEI Number 59 -3563557 Applied For Not Applicable
33755 Pivellas 3375	55 Pinellas	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name Address of Current Registered Agent Name Christophili & Bennett Sp. (PASTOR) Street Address (P.O. Box Number is Not Acceptable) T27 Flag & D2 Suite, Apt. #, Etc. City: State Zip Code 337,555		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 REGISTERED AGENT MUST SIGN Date		
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
P Christopher R Bennett St 1725 Flogler Dr. Clw A. 33755 Clearwater Pl. 33755		
D Andra Clark Channeter F1. 33755 Clearwater F1. 33755		
M Nicole Henry 1725 Flagher Dr. Clearwoler M. 33755		e Clearwolee M. 33755
T CATHERINE DAVIS 1725 Flagler DIZ Clemale		172 Cleonales 14. 33755
1. LA Kendra Richardson 1725 Flagler De Cleurwater B1 33755		
1 LATOUYA Holmes	1725 Flagler	DR Clearnates F133755
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 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: Chock Christophor Ribennett 5,2 Nov. 7.2009 (727) 9773		