

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 11 AM 11:17

DOCUMENT # *N 99000001995*  
1. Corporation Name  
*Christian Financial Guidance & Counsel, Inc*

700003509207--4  
-12/20/00--01079--001  
\*\*\*\*236.25 \*\*\*\*236.25

2. Principal Office Address  
*1666 S. Lake Ave*  
Suite, Apt. #, etc.  
*Unit 3*  
City & State  
*Clearwater, FL*  
Zip  
*33756* Country  
*U.S.A.*

3. Mailing Office Address  
*1666 S. Lake Ave*  
Suite, Apt. #, etc.  
*Unit 3*  
City & State  
*Clearwater, FL*  
Zip  
*33756* Country  
*USA*

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida  
*March 26, 1989*

5. FEI Number  
*59-3567994* 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  
*John H. Graham, CPA*

Street Address (P.O. Box Number is Not Acceptable)  
*1666-3 S. Lake Ave*

Suite, Apt. #, Etc.

City  
*Clearwater, FL* State  
**FL** Zip Code  
*33756*

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  
*John H. Graham* Date  
*10/30/00*  
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
<i>P/D</i>	<i>Mahten Loyd Cunningham</i>	<i>1666-3 S. Lake Ave</i>	<i>Clearwater FL 33756</i>
<i>S/D</i>	<i>John H. Graham</i>	<i>1336 Highfield Dr</i>	<i>Clearwater, FL 33764</i>
<i>T/D</i>	<i>Kenneth Peters</i>	<i>2352 Anna Ave</i>	<i>Clearwater, FL 33765</i>

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)(l), 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: *M Loyd Cunningham* Date  
*10/31/00* Daytime Phone #  
*727-518-9663*

CR2E081 (9/99)