


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99-6029			
1. Corporation Name The Circle Of Prayer Ministries of Florida, Inc.			
2. Principal Office Address 132 S.W. 4th Ave Suite, Apt. #, etc.		3. Mailing Office Address 132 SW 4th Ave Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33444	Country Palm Beach	Zip 33444	Country Palm Beach
4. Date Incorporated or Qualified To Do Business in Florida 10/15/00		5. FEI Number 65-0959545	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name VERNITA Thompson-Deveau			
Street Address (P.O. Box Number is Not Acceptable) 132 SW 4th Avenue			
City Delray Beach			
State FL Zip Code 33444			
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 Vernita Thompson-Deveau		Date 11/28/00	
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
V. Pres	Michael Brennen	132 S.W. 4th Ave	Delray Beach, FL 33444
Secy	Beulah Carter	132 S.W. 4th Ave	Delray Beach, FL 33444
Treas	Stanley Rolle	132 S.W. 4th Ave	Delray Beach, FL 33444
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: Vernita Thompson-Deveau		Date 11-28-00	Daytime Phone # (561) 265-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA