

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 MAR -2 PM 12:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N99000007515

1. Corporation Name  
 DEVEAUX MINISTRIES, INC.

Principal Place of Business	Mailing Address
10710 S.W. 22ND DR. MIAMI FL 33170	10710 S.W. 22ND DR. MIAMI FL 33170



07-21-00 90450 014 \$700

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/22/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0984221	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEVEAUX, GLENROY	10710 S.W. 22ND DR.	MIAMI FL 33170
D	DEVEAUX, TIMOTHY	16100 S.W. 102. Av	MIAMI FL 33157
D	DEVEAUX DENICE	10710 S.W. 222 DR	MIAMI FL 33157
D	BETHEL YVONNE	751 N.W. 74 ST	MIAMI FL 33150
			100003828421--1 -03/09/01--01086--009 *****61.25 *****61.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEVEAUX, GLENROY 10710 S.W. 22ND DR. MIAMI FL 33170		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 10-12-00

REGISTERED AGENT MUST SIGN


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 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: *[Signature]* 10-12-00 305-255-2798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E04D (8/00)

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		<b>CUSTOMER'S RECEIPT</b>	
TO: FLORIDA DEPARTMENT OF STATE		SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION	
FROM: P.O. BOX 6327		<b>NOT NEGOTIABLE</b>	
TALLAHASSEE, FL 32314			
001959337034	2000-07-17	331700	\$ 70.00
		AMOUNT	0002

WE DID NOT RECEIVE THE LETTER FOR CORRECTION.

THE ABOVE IS A COPY OF OUR PEB OF \$70.00 WHICH YOU HAVE DEPOSITED.

PLEASE FIND ENCLOSED COMPLETED FORM OF NECESSARY INFORMATION. HOPE THIS WILL SATISFY YOUR OFFICE TO REINSTATE THE CORPORATION.

Glennay Newcomer, Pres  
10/12/00