PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 13 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000014140**

1. Corporation Name

G.T.G. (GLORY TO GOD), INC.

Principal Place of Business	Mailing Address
~~471 S.W. 41ST AVE.~~ ~~OCALA FL 34474~~	~~471 S.W. 41ST AVE.~~ ~~OCALA FL 34474~~

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
21635 SW 10 ST.	2175 NW 64 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNNELLON, FLA	City & State: OCALA, FLA.
Zip: 34431 Country: USA	Zip: 34475 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1995

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	STANDRIDGE, JUDITH A	2175 NW. 64 ST	OCALA, FLA. 34475
~~D~~	~~[redacted]~~	~~[redacted]~~	~~[redacted]~~
~~D~~	~~[redacted]~~	~~[redacted]~~	~~[redacted]~~
~~D~~	~~[redacted]~~	~~[redacted]~~	~~[redacted]~~

1/14/97

REINSTATEMENT

000002058740---7
-01/16/97--01009--015
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

~~DEAN, W. EDWARD~~
~~230 N.E. 25TH AVE.~~
~~OCALA FL 34470~~

9. Name and Address of New Registered Agent

Name: DONALD RICHARD GREENE
Street Address (P.O. Box Number is Not Acceptable): 21635 SW 10 ST.
Suite, Apt. #, Etc.:
City: DUNNELLON State: FL Zip Code: 34431

CR2E040 (7/96)

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: 12.26.96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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: Judith A Standridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(368-2702)
(352) 368-2702
Date Daytime Phone #

0089467 AF