


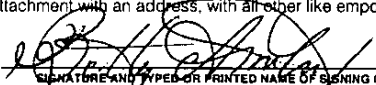


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002267 1. Entity Name TABERNACLE OF PRAYER CHURCH OF THE LIVING GOD, INC.						FILED 05 OCT 14 PM 3: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Principal Place of Business 5275 BABCOCK ST NE PALM BAY, FL 32905				Mailing Address 370 SAN MARINO RD SW PALM BAY, FL 32908									
2. Principal Place of Business		3. Mailing Address				10112005 REIN-NP						CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number 36-4558463						Applied For Not Applicable	
City & State		City & State				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
Zip		Country		Zip		Country							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
GRAHAM, CALVITA CANDY 841 SEVEN GABLES CIR SE PALM BAY, FL 32909						Name							
						Street Address (P.O. Box Number is Not Acceptable)							
						City							
						FL		Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
TITLE	D	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	ARMBRISTER, BETTY				NAME	400060629504 10/14/05--01058--023 **\$61.25							
STREET ADDRESS	370 SAN MARINO RD SW				STREET ADDRESS								
CITY-ST-ZIP	PALM BAY, FL 32908				CITY-ST-ZIP								
TITLE	D	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	DEAN, LATOYA				NAME								
STREET ADDRESS	370 SAN MARINO RD SW				STREET ADDRESS								
CITY-ST-ZIP	PALM BAY, FL 32908				CITY-ST-ZIP								
TITLE	D	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	HARDEN, LOIS				NAME								
STREET ADDRESS	370 SAN MARINO RD SW				STREET ADDRESS								
CITY-ST-ZIP	PALM BAY, FL 32908				CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME					NAME								
STREET ADDRESS					STREET ADDRESS								
CITY-ST-ZIP					CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME					NAME								
STREET ADDRESS					STREET ADDRESS								
CITY-ST-ZIP					CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: 					Date: 10/14/05		Daytime Phone # _____						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date		Daytime Phone #						