

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION FOR REINSTATEMENT

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

FILED
 Nov 10 1999 8:00 am
 Secretary of State

DOCUMENT # **N97000006326**

1. Corporation Name
EACH ONE TEACH ONE, INC.

Principal Place of Business: 9881 113TH ST N. #117 SEMINOLE FL 33772

Mailing Address: PO BOX 3894 SEMINOLE FL 33775



04-27-99-90035-009 #61-25

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

2. New Principal Office Address, If Applicable 7501 142ND AVE N #477	3. New Mailing Office Address, If Applicable 7501 142ND AVE N #477	4. Date incorporated or Qualified To Do Business in Florida 11/07/1997
City & State LARGO FL	City & State LARGO FL	5. FEI Number 59-3478243
Zip 33771	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Addition of 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TURLEY, DAVID K	9881 113TH ST N 7501 142ND AVE N #477	SEMINOLE FL 33772 LARGO, FL, 33771
VPD	KAUFMANN, BRUCE G	8353 79TH AVE N	SEMINOLE FL 33772
ST	POLLARD, TAMMY	7770 STARVLEY RD #1280	SEMINOLE FL 33777
D	LAFFERTY, STEVEN	9885 LAKE SEMINOLE DR E	SEMINOLE FL 33772
D	TURLEY, GIGOPA	7501 142ND AVE N #477 LARGO, FL, 33771	LARGO, FL, 33771

8. Name and Address of Current Registered Agent

TURLEY, DAVID KELLER
 9881 113TH ST N, #117
 SEMINOLE FL 33772

Name and Address of New Registered Agent

Name: TURLEY, DAVID KELLER
 Street Address (P.O. Bbx Number is Not Acceptable): 7501 142ND AVE N
 Suite, Apt. #, Etc: #477
 City: LARGO State: FL Zip Code: 33771

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: 10/19/99

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]* Date: 10/19/99 727 524-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E046 (8/99)

EACH ONE, TEACH ONE INC.
Discipleship Ministries
II Timothy 2:2

David Turley
7501 142nd Avenue, North, #477
Largo, FL, 33771
(727) 524-3520

October 19, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL, 32314

Dear Sir or Madam:

I spoke with someone in your office this week and let them know that the Corporation Fee and filing had already been done this year.

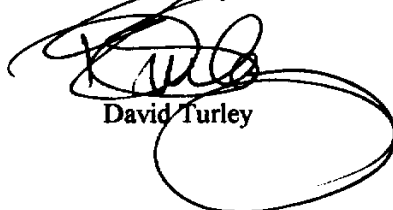
I had called when the second notice came and was assured that nothing was required from me and to ignore the second request.

The person in your office said to complete the enclosed reinstatement form, send a copy of the cleared check and to request that any late fees or penalties be waived.

I have complied with his instructions so I will trust that the corporation will be reinstated at no additional cost to the ministry.

Thanking you in advance for your kind cooperation and assistance in this matter,

Yours truly,



David Turley