PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000001568

1. Corporation Name

THE CHURCH OF JESUS CHRIST ACCORDING TO ACTS 2:38, INC.

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
921 N.E. 131st STREET		921 N.E. 131st STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NORTH MIAMI BEACH, FL		NORTH MIAMI BEACH, FL	
Zip	Country	Zip	Country
33162	USA	33162	USA

4. Date Incorporated or Qualified To Do Business in Florida 03/09/2000

5. FEI Number 65-0986775 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BUCHANAN, ALVIN

Street Address (P.O. Box Number is Not Acceptable): 16050 N.E. 19th PL

700025778187
12/26/03--01084--015 **297.50

Suite, Apt. #, Etc.: # 4

City: NORTH MIAMI | State: FL | Zip Code: 33162

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	BUCHANAN, ALVIN	16050 N.E. 19th PL #4	NORTH MIAMI, FL 33162
D	BUCHANAN, SYBIL	16050 N.E. 19th PL #4	NORTH MIAMI, FL 33162
SD	MITCHELL, RACHEL	1321 N.E. 150th STREET	NORTH MIAMI, FL 33162
TD	DRAGON, AGATA	1321 N.E. 150th STREET	NORTH MIAMI, FL 33162

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: A Buchanan Alvin Buchanan, Pres. 12/22/03 305-893-5394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #