

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 FEB 22 PM 1:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N00000003663

1. Corporation Name
 CHURCH OF GOD IN CHRIST OF NEW GENERATION, INC.

Principal Place of Business Mailing Address
 7198 NW 6TH COURT 7198 NW 6TH COURT
 MIAMI FL 33150 MIAMI FL 33150



REINSTATEMENT 01-02

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.		06/06/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-1016512	
Country				Applied For	
Country				Not Applicable	
Country				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/> 3070 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	DAUPHIN, DANIEL REV	1373 NE 144TH STREET	MIAMI FL 33161
SD	OSCAR, GABRIEL DEACON	1373 NE 144TH STREET	MIAMI FL 33161
TD	SOURFFRANT, DIEUFAIT DEACON	14560 NE 6TH AVENUE #318	MIAMI FL 33161
			700005065057--4 -03/07/02--01072--004 *****61.25 *****61.25
			700005065057--4 -03/07/02--01072--005 ****236.25 ****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DAUPHIN, DANIEL REV. 1373 NE 144TH STREET MIAMI FL 33161		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: *Daniel Dauphin* REGISTERED AGENT MUST SIGN Date: 10/19/01

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: *Daniel Dauphin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/14/01 Daytime Phone #: (305) 691-5961

CR2E00 (8/01)