PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 NOV -3 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009105**

1. Corporation Name

LIVING FAITH CHRISTIAN MINISTRIES INC.

Principal Place of Business	Mailing Address
8524 NW 196 TERR MIAMI FL 33015	8524 NW 196 TERR MIAMI FL 33015

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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
SAME AS IN BLOCK 1	SAME AS IN BLOCK 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/2002

5. FEI Number: 38-3663139 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: NOT NEEDED — $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	AJIMATANRAREJE, REV YEMI E	8524 NW 196 TERR	MIAMI FL 33015
S	AJIMATANRAREJE, DR ROSE O	8524 NW 196 TERR	MIAMI FL 33015
EO	OMOLE, DR SADE STELLA	1262 PROMONTORY LN	MARIETTA GA 30062

300024381483
11/03/03--01068--028 **236.25

8. Name and Address of Current Registered Agent

AJIMATANRAREJE, REV YEMI E
8524 NW 196 TERR
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Ajimatanrareje SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 10-30-03

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 REQUIRED Ajimatanrareje ROSE AJIMATANRAREJE — 10-30-03 — 305 200-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #