PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

South Florida and the Miramar Assembly of Body of Christ 2. Principal Office Address South Florida and the Miramar Assembly of Body of Christ 2. Principal Office Address South Florida and the Miramar Assembly of Body of Christ 2. Principal Office Address South Florida and the Miramar Assembly of Body of Christ 2. Principal Office Address South Florida and the Miramar Assembly of Body of Christ 2. Principal Office Address South Florida South		RPORAT STATEM			ecretary	MENT Of State			FILE 06 MAY 15	PM 1: 25	
2. Perceioad Office Address 2390 SW. 156 Ave 1832 SW. 156 Ave Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State Miramar, FL Zing 33027 Broward Zing 33027 Broward Zing 33027 Broward For Control Registered Agent Name and Address of Current Registered Agent Name Wilfrid St. Louis Signature of June 1990 Signature of St. Address 2000 Signa	· ·							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Miramar, FL Zip 33027 Broward To be Business in Florida S. FEI Number 90-0112393 CERTIFICATE OF STATUS DESIRED STATUS D	South Florida and the Miramar Assembly of Body of Christ										
4. Date Incorporated or Qualified O3/06/2006 Size Number 90-0112393 Papeled For Not Applicable For Status Desired For Status Desired For Scottificate For Status Desired For	2. Principal Office Address 3. Mailing Off 1832					ffice Address SW. 156 Ave			CR2E081 (12/05)	1 04-06	
City & State Miramar, FL Zip 33027 Broward Zip 33027 Auguston of Secretary State of Status Zip Centricate of Status Zip Centricate of Status Zip Centricate of Status Zip Code 33027 Zip	Suite, Apt. #, etc. Suite, Apt.				#, etc.			4. Date Incorporated or Qualified 03/06/2006			
Supplementary Supplementar	Miramar, FL						5. FEI Numbe	· · · · · · · · · · · · · · · · · · ·	✓ Applied For		
Name Wilfrid St. Louis Sutto, Apt. #, Etc. O5/26/06-01055-004 **183.75 Sutto, Apt. #, Etc. O5/26/06-01055-004 **183.75 Sutto, Apt. #, Etc. O5/26/06-01055-004 **183.75 State Zip Code 33027 FL Zip Code 33027 8. 1, 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 Comment of the registered Agent Must Sign Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (City / State / Zip P Wilfrid St. Louis 1832 SW. 156 Ave Miramar, FL 33027 V Marie St. Louis 1832 SW. 156 Ave Miramar, FL 33027 T Frederic St. Louis 6042 NW. 66 Ave Parkland, FL 33067 S Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067 Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067	^{zip} 330	27	Broward	^{Zip} 3302	27	Brow	ard		OF STATUS DESIRED S8.75	Additional Fee required	
Wilfrid St. Louis SuperAddress & Date SW. Names of Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P Wilfrid St. Louis Name of Officers and/or Directors Name											
Suite, Apt. #, Etc. City Miramar State Zip Code 33027		Name Wilfrid St. Louis									
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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) P Wilfrid St. Louis 1832 SW. 156 Ave Miramar, FL 33027 V Marie St. Louis 1832 SW. 156 Ave Miramar, FL 33027 T Frederic St. Louis 6042 NW. 66 Ave Parkland, FL 33067 S Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067 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 filling this reinstatement application, the reason for dissolution has been elliminated, the corporate name satisfies the requirements of section 607,0401 or 617, G401, F.S., that all fees owed by the corporation frage Technological and the names of individuals isted on this form on ont qualify for an exemption contained in Chapter 119, F.S. The information indicated											
8. I, being appointed the registered agent of the above nampel corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P Wilfrid St. Louis 1832 SW. 156 Ave Miramar, FL 33027 V Marie St. Louis 1832 SW. 156 Ave Miramar, FL 33027 T Frederic St. Louis 6042 NW. 66 Ave Parkland, FL 33067 S Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067 10.1 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 filling this reinstatement application, the reason for dissolution has been alliminated, the corporate name satisfies the requirements of section 607.0401 or 517.0401, F.S., that all fees owed by the corporation floridated or execution indicated or execution indicated or execution contained in Chapter 119, F.S., The information indicated											
Registered Agent Regist		City Miramar						<u> </u>	State Zip Code 330)27	
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles											
Titles Name of Officers and/or Directors Name of Officers and/or Directors											
P Wilfrid St. Louis 1832 SW. 156 Ave Miramar, FL 33027 V Marie St. Louis 1832 SW. 156 Ave Miramar, FL 33027 T Frederic St. Louis 6042 NW. 66 Ave Parkland, FL 33067 S Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067		and Street A		nd/or Director (Flor	ida nonprof				<u> </u>		
V Marie St. Louis 1832 SW. 156 Ave Miramar, FL 33027 T Frederic St. Louis 6042 NW. 66 Ave Parkland, FL 33067 S Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067 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 contained in Chapter 119, F.S. The information indicated	Titles								City / State	/ Zip	
T Frederic St. Louis 6042 NW. 66 Ave Parkland, FL 33067 S Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067 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 ellminated, 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 contained in Chapter 119, F.S. The information indicated	Р	Wilfrid St. Louis			1832 SW. 156 Ave			ve	Miramar, FL 33027		
S Islande St. Louis 6042 NW. 66 Ave Parkland, FL 33067 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 contained in Chapter 119, F.S. The information indicated	٧	Marie St. Louis			1832 SW. 156 Ave			ve	Miramar, FL 33027		
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 filling 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 contained in Chapter 119, F.S. The information indicated	Т	Frederic St. Louis			6042 NW. 66 Ave			е	Parkland, FL	. 33067	
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 contained in Chapter 119, F.S. The information indicated	S	Islande St. Louis			6042 NW. 66 Ave			е	Parkland, FL 33067		
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 contained in Chapter 119, F.S. The information indicated									x B san		
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 contained in Chapter 119, F.S. The information indicated				,					Barrie		
SIGNATURE: 5/10/06 954-438-0577											