PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 15 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002044

1. Corporation Name

South Florida and the Miramar Assembly of Body of Christ

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
2390 SW. 156 Ave		1832 SW. 156 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miramar, FL		City & State: Miramar, FL	
Zip: 33027	Country: Broward	Zip: 33027	Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 03/06/2006

5. FEI Number: 90-0112393 ☑ 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: Wilfrid St. Louis

Street Address (P.O. Box Number is Not Acceptable): 1832 SW. 156 Ave

900075281109
05/26/06--01055--004 **183.75

Suite, Apt. #, Etc.

City: Miramar | State: FL | Zip Code: 33027

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: 5/12/06

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	Name of Officers and/or Directors	Street Address of Each 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

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 5/12/06 954-438-0377

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