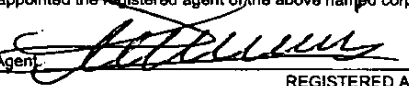
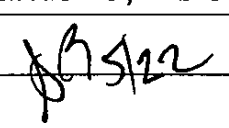


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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				
2. Principal Office Address 2390 SW. 156 Ave Suite, Apt. #, etc.		3. Mailing Office Address 1832 SW. 156 Ave 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 (R.O. Box Number is Not Acceptable) 1832 SW. 156 Ave				
Suite, Apt. #, Etc. 900075381109 05/26/06--01055--004 **183.75				
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 		Date 5/12/06	Daytime Phone # 954-438-0377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				