PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 26 PM 3:22

DOCUMENT # N99000003574

1. Corporation Name
The TEMPLE OF ST. GERMAIN & OUR LADY OF MOUNT-CARMEL APOSTOLIC CHURCH, CORP.

REINSTATEMENT 0001

2. Principal Office Address	**3.** Mailing Office Address
621 NW 185th Street	621 NW 185th Street
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33169 Country: U.S.A.	Zip: 33169 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/1999

5. FEI Number: ☑ 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: LANDRY JACOB

900004618479--3
-10/01/01--01072--026
****245.00 ****245.00

Street Address (P.O. Box Number is Not Acceptable): 621 NW 185th Street

900004618479--3
-10/01/01--01072--027
*****61.25 *****61.25

Suite, Apt. #, Etc.: N/A

City: MIAMI State: FL Zip Code: 33169

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: Landry Jacob (REGISTERED AGENT MUST SIGN) Date: 07/02/01

CR2E081 (9/00)

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
	LANDRY JACOB "T"	621 NW 185th Street	MIAMI, FL. 33169
	LYDIE LINDING "T"	10100 SW 53rd Street	COOPER CITY, FL. 33328
	YANICK CASTOR "T"	10352 SW 9th Lane	PEMBROKE PINES, FL. 33025

JR 9/28

10. I certify that I am an officer or director of 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: Landry Jacob LANDRY JACOB 07/02/01 (305) 654-3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #