


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 JUL 11 PM 2:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 708329					
1. Corporation Name PENTECOSTAL CHURCH OF THE LORD JESUS CHRIST OF APOSTOLIC FAITH, INC.					
2. Principal Office Address - No P.O. Box # 1057 NW 54 ST			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami FL			City & State		
Zip 33127	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 12/30/1964	
				5. FEI Number <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</div>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Marty Patrick, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 1141 Kane Concourse					
Suite, Apt. #, Etc. 2nd Floor					
City Bay Harbor Islands				State FL	Zip Code 33154
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 7/6/07 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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	
D	James McPherson	16000 Bunche Park E Dr		Opa Locka FL 33054	
D	Fairy Goodlow	17341 SW 109 AV		Miami FL 33157	
D	Ivory T. Covington	765 NW 44 ST		Miami FL 33127	
				400106647424 07/24/07--01054--026 **1631.50	
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: <u>Ivory T. Covington</u> <u>Ivory T. Covington</u> <u>Director</u> <u>7/6/07</u> <u>305.47.4424</u> <div style="display: flex; justify-content: space-between;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDateDaytime Phone #</div>					