

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

OBAR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713012

1. Corporation Name
The First Church of Jesus Assembly
4111 Northwest 23rd Avenue
Miami, Florida 33142

2. Principal Office Address
4111 N.W. 23RD AVE.
Suite, Apt. #, etc.
1 FLOOR BUILDING
City & State
MIAMI, FLORIDA
Zip 33142 Country AMERICA

3. Mailing Office Address
235 JEFFERSON DR.
Suite, Apt. #, etc.
1 FAMILY DWELLING
City & State
CORAL GABLES, FL.
Zip 33133 Country AMERICA

FILED
06 JUL 31 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-10-04 90016 014 \$61.25
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 6-29-67

5. FEI Number 71-3012230
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ADA MARSHALL
Street Address (P.O. Box Number is Not Acceptable) 235 JEFFERSON DRIVE
Suite, Apt. #, Etc. HOUSE
City CORAL GABLES, State FL Zip Code 33133

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 Ada Marshall REGISTERED AGENT MUST SIGN Date 7-26-06

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 |
|--------|-----------------------------------|--|------------------------|
| | T.S. EARKIE L. HUGHES | 5867 S.W. 60 TH ST. | MIAMI FL. 33143 |
| | D. ADA MARSHALL | 235 JEFFERSON DR. | CORAL GABLES FL. 33133 |
| | D. GLADYS L. PIERCE | 14255 S.W. 109 TH CT. | MIAMI, FL. 33176 |
| | D. LENOR BEASLEY | 11240 S.W. 179 TH ST. | MIAMI FL 33157 |
| | PR 8/2 | | |

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: Ada Marshall ADA MARSHALL 7-26-06 (305) 444-4278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #