PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

99 MAR 18 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 717924

1. Corporation Name
The Women's Fellowship Association of the Apostolic Faith, Inc.

Principal Place of Business	Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
18530 NW 47 Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33055 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1-20-70

5. F.E.I. Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
P/D	Thelma White	18530 NW 47 St Miami FL	33055
Secretary VP/D	Ernestine Streeter	18530 NW 47 St Miami FL	33055
[redacted]/D	Jacquelyn White	510 NW 70 Street	Miami FL 33138

400002814804--3
-03/23/99--01025--007
****500.00 ****500.00

400002814804--3
-03/23/99--01025--008
****235.00 ****235.00

AM 3/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Henrietta St Pare-Exley, Esq.
Street Address (P.O. Box Number is Not Acceptable): 66 W Flagler St
Suite, Apt. #, Etc: 500
City: Miami
State: FL Zip Code: 33130

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 3/17/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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: Ernestine Streeter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ernestine Streeter, V.P.

3/17/99 (305) 623-1801
Date Daytime Phone #

CR2E061 (12/98)