PLEASEREADALLINSTRUCTIONSBEFORECOMPLETINGTHISFORM.

CORPORATION REINSTATEMENT

FLORIDADEPARTMENTOFSTATE
SecretaryofState
DIVISIONOFCORPORATIONS

FILED
05 JAN 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719468

REINSTATEMENT 01-04

1. Corporation Name

UNIVERSAL LIFE CHURCH OF FLORIDA,INC.

2. Principal Office Address	**3.** Mailing Office Address c/oEdna Senior
9291 SE 109th Lane	90 Teak Loop
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #B-1
City & State Belleview,FL.34420	City & State Ocala,FL.34472
Zip 34420 / Country Marion	Zip 34472 / Country Marion

4. Date Incorporated or Qualified To Do Business in Florida 10/08/1970

5. FEI Number #94-1599959 ☐ 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: Rev.Dr.Rodolfo A.Nicholson,MD-PhD.MS.Ed.

StreetAddress(P.O.BoxNumberisNotAcceptable): 90 Teak Loop

Suite,Apt.#,Etc.: #2

400044771014
01/14/05 01224-018 **428.75

City: OCALA State: FL ZipCode: 34472

8. I,beingappointedtheregisteredagentoftheabovenamedcorporation,amfamiliarwithandacceptheobligationsofsection607.0505or617.0503,F.S.

Signatureof RegisteredAgent Dr. R. Nicholson Date Jan.12.2005

REGISTEREDAGENTMUSTSIGN

CR2E081 (10/02)

9. NamesandStreetAddressesofEachOfficerand/orDirector(Floridanonprofitcorporationsmustlistatleast3directors)

Titles	Nameof Officers and/or Directors	StreetAddressofEach Officer and/or Director	City/State/Zip
MD,Rev	RODOLFO NICHOLSON	90 Teak Loop	Ocala,Fl.34472
MD,Rev	Parvaj Hassan	90 Teak Loop	Ocala.FL.34472
MD,Rev	Pedro Echevaria	90 Teak Loop	Ocala,FL. 34472
SW	Lois Kern	90 Teak Loop	Ocal,Fl. 34472

$9.1/14

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 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. Tel.(347)613-7836 &

Email:nicholsonmd3@aol

SIGNATURE: Dr. R. Nicholson /Dr.Rodolfo A. Nicholson 01/12/05 Tel.(646)621-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — DaytimePhone#

$428.75 received