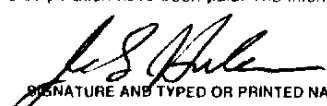


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                                                                                          | <b>APPROVED<br/>AND<br/>FILED</b><br><br>97 JAN 17 PM 2:26<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                                                                  |  |
| <b>DOCUMENT # 724235</b><br>1. Corporation Name<br><b>CHURCH OF GOD IN CHRIST OF AMERICA,<br/>JURISDICTION OF FLORIDA.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                                                                                                                |                                                                                                                                          | DO NOT WRITE IN THIS SPACE                                                                                                                                                                    |  |
| Principal Place of Business<br><b>27 Palm Circle<br/>Avon Park, Florida 33825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | Mailing Address<br><br>                                                                                                                                                                        |                                                                                                                                          |                                                                                                                                                                                               |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |
| 2. New Principal Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | 3. New Mailing Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country                                                                                               |                                                                                                                                          | 4. Date Incorporated or Qualified To Do Business in Florida<br><br>5. FEI Number<br><div style="border: 1px solid black; padding: 2px;"><b>74-8106975</b></div> Applied For<br>Not Applicable |  |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name of Officers and/or Directors<br>2 | Street Address of Each Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3                                                                                                    | City / State / Zip<br>4                                                                                                                  |                                                                                                                                                                                               |  |
| Pres.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bishop Jacob Cohen                     | 3120 N.W. 48th Terrace                                                                                                                                                                         | Miami, FL 33142                                                                                                                          |                                                                                                                                                                                               |  |
| 1st Vice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Supt. Clarence Black                   | 1320 Carolina Avenue                                                                                                                                                                           | Avon Park, FL 33825                                                                                                                      |                                                                                                                                                                                               |  |
| 2nd Vice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Supt. Clarence Brown                   | 560 S.W. 3rd Street                                                                                                                                                                            | Belle Glade, FL 33430                                                                                                                    |                                                                                                                                                                                               |  |
| Gen. Sec.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Eld. J.L. Hulen                        | 27 Palm Circle                                                                                                                                                                                 | Avon Park, FL 33825                                                                                                                      |                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |
| 8. Name and Address of Current Registered Agent<br><b>J.L. Hulen<br/>27 Palm Circle<br/>Avon Park, FL 33825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City |                                                                                                                                                                                               |  |
| <div style="position: relative; height: 40px;"> <span style="position: absolute; top: -20px; left: 50%; transform: translateX(-50%); font-weight: bold; font-size: 1.2em;">REINSTATEMENT</span> <span style="position: absolute; top: -20px; right: 0; font-size: 1.5em; font-family: cursive;">9697</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.<br><div style="display: flex; justify-content: space-between;"> <div>           Signature of Registered Agent<br/> <br/>           REGISTERED AGENT MUST SIGN         </div> <div>           Date <b>1/13/97</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  <b>J.L. HULEN</b> <b>1/13/97</b><br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                               |  |