PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT						DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			FILED O9 MAR -5 PM 12: 48			
DOCUMENT # 741257 1. Corporation Name								SECRETARY OF STATE. PALLAHASSEE, FLORIDA				
Phirst Gospel Tabernacle, Inc.											<u>.</u>	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address								ዓር 03/05	001450 70901034-	ნ≀∪ -012	년4 **1225.00	
					er Sand Ct			REINSTATEMENT 93-09				
Suite, Apt. #, etc. Suite, Apt. #,					etc.			4. Date Incorporated or Qualified				
City & State City & State								To Do Business in Florida 12/30/1977				
					N Las Vegas, NV			5. FEI Number Applied For Not Applicable			Applied For Not Applicable	
Zip 89032	:	Country	y	89032		Coun US	try				dditional Fee required Certificate of Status	
	•	7. Na	me and Address	of Current Regis	tered Agen	nt						
Name Matthew Law							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
Street Address (P.O. Box Number is Not Acceptable) 1512 Kelby Road												
Suite, Apt. #, Etc.												
City Kissimmee						State Zip Code 34744			. 100 DE WAIYOU.			
8. I, being	appointed the	register	ed agent of the a	bove named corpo	ration, am f	familiar :	with and accept the o	bligations of section	on 607.0505 or 617.05	603, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 2/26/9				
9. Names	s and Street A	ddresses	of Each Officer a	and/or Director (Fig	orida nonpro	ofit corpo	orations must list at le	east 3 directors)	r- " """"			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
P/D	Timothy Moore				3625 Silver Sand Ct			N Las Vegas/NV/89032				
V/D	Michael Quist				3624 Rose Canyon Dr				N Las Vegas/NV/89032			
T/S/D	Lilly Ank	ore		3621 Silver Sand Ct				N Las Vegas/NV/89032				
C/D	David M			3621 Silver Sand Ct				N Las Vegas/NV/89032				
ם	Sabrina			3624 Rose Canyon Dr				N Las Vegas/NV/89032				
D	Aaron Ha			3625 Silver Sand Ct				N Las Vegas/NV/89032				
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

702-792-5311 Daytime Phone #

2/18/2009