

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 26 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # UNITED BIBLE COLLEGE  
1. Corporation Name INSTITUTE / THEOLOGICAL  
SEMINARY / UNITED FULL  
GOSPEL CHURCH, INC. 748092

REINSTATEMENT 01-02

2. Principal Office Address 1605 MERCY Dr Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 585284 Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32808	Country ORANGE	Zip 32858	Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 7/11/1979	
5. FEI Number 591932623	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Dr. SAMUEL GORDON Sr.  
Street Address (P.O. Box Number is Not Acceptable)  
1231 EMERALDA DRIVE  
Suite, Apt. #, Etc.  
City  
ORLANDO

State  
FL  
Zip Code  
32808

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 Samuel R Gordon  
REGISTERED AGENT MUST SIGN

Date 07-13-2002

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
D	Dr. WALTER E. MONROE	5506 WESTBURY ST.	ORLANDO, FL. 32808
D	Dr. SAMUEL R GORDON Sr.	1231 EMERALDA Dr.	ORLANDO, FL. 32808
D	Dr. WILLIE BRYANT	109-10/125 ST.	OZONE PARK NY, 11420
D	Dr. JIMMIE DOWNING	1125 N. NEW YORK AVE	LAKE LAND, FL 33801
D	Dr. ROBERT HIRE	4116 BRINNELL ST.	ORLANDO, FL. 32808
D	KATHLEEN GORDON	1231 EMERALDA Dr.	ORLANDO, FL 32808

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.

SIGNATURE: Samuel R Gordon SAMUEL R GORDON 7-13-02 / (407) 298 1710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/30/02