PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 08 HOV 19 PH 4:59 FLORIDA DEPARTMENT OF STATE SELMINATE STATE ALLAHASSEE, FLORIDA CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 200138081162 11/19/08--01028--022 **350.00 Grace Gospel Church of lamp 1. Corporation Name 749636 REINSTATEN 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 9021 U.S. Hwy. 19 N. CR2E081 (10/08) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 11/2/1979 City & State City & State 5. FEI Number Applied For Pinellas Park, FL 33782 59-2086161 Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Name ■ The reinstatement fee is imposed, except in Dennis M. Smith circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 9021 U.S. Hwy. 19 N. are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code Pinellas Park 33782 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 Date 11/15/2008 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Р Timothy J. Kelley 9021 U.S. Hwy. 19 N. Pinellas Park, FL 33782 Lisa A. Smith S/T 9021 U.S. Hwy. 19 N. Pinellas Park, FL 33782 **VP** Pinellas Park, FL 33782 Timothy Swett 9021 U.S. Hwy. 19 N. John Devries TD 9021 U.S. Hwy. 19 N. Pinellas Park, FL 33782 **Ted Williams** 9021 U.S. Hwy. 19 N. TD Pinellas Park, FL 33782 TD Raymond Woods 9021 U.S. Hwy. 19 N. Pinellas Park, FL 33782 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

TRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

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