1 of 2

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 11 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/25/06 01045 010 $70.00

DOCUMENT # 750819

1. Entity Name
INTERNATIONAL PENTECOSTAL CITY MISSION PRAYER CENTER OF FLORIDA, INC.

Principal Place of Business
3033 NW 7 AVENUE
MIAMI, FL 33127

Mailing Address
913 NW 29 TERR
MIAMI, FL 33127 US

2. Principal Place of Business: 3033 NW 7 AV
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33127 Country:

3. Mailing Address: 3027 NW 7 AVE
Suite, Apt. #, etc.
City & State: Miami FL.
Zip: 33127 Country: DADE

11022006 REINAP CR2E099 (01/05)

REINSTATEMENT

4. FEI Number 65-0859893 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMELLIE, REVEREND ALFRED
913 NORTHWEST 29TH TERRACE
MIAMI, FL 33127

7. Name and Address of New Registered Agent
Name: CHARMAINE SMELLIE
Street Address (P.O. Box Number is Not Acceptable): 52 NE 47ST.
City: MIAMI FL Zip Code: 33137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

200008285372
11/27/06--01057--017 **175.00

SIGNATURE: 11/15/06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2007, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD D	☑ Delete
NAME	SMELLIE, REV. ALFRED HUGH	
STREET ADDRESS	913 N.W. 29TH TERRACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	☑ Delete
NAME	JACKSON, EVELYN	
STREET ADDRESS	3033 NW 7 AVENUE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	TD P/D.	☑ Delete
NAME	BROOKS, MAVIS	
STREET ADDRESS	19368 NW 29 PLACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	☐ Change ☑ Addition
NAME	ERNEST NELSON	
STREET ADDRESS	3027 NW 7 AVE	
CITY-ST-ZIP	MIAMI FL. 33127	
TITLE	S/D	☐ Change ☑ Addition
NAME	DELSIE FOSTER	
STREET ADDRESS	6244 NW MIAMI PL	
CITY-ST-ZIP		
TITLE	D	☐ Change ☑ Addition
NAME	VITA FULLER	
STREET ADDRESS	20150 NW 15 AVE	
CITY-ST-ZIP	MIA FL. 33169	
TITLE	D	☐ Change ☑ Addition
NAME	SHENNOB SMELLIE	
STREET ADDRESS	9598 ASHLEY DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	☐ Change ☑ Addition
NAME	KENARD MOODY	
STREET ADDRESS	3027 NW 7 AVE	
CITY-ST-ZIP	MIAMI	
TITLE	D	☐ Change ☑ Addition
NAME	EDUARDO VILMAN	
STREET ADDRESS	3027 NW 7 AVE	
CITY-ST-ZIP	MIA FL. 33127	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfred Smellie 11/15-/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell DEC

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.

P/D
MAVIS BROOKS
19368 NW 29 PLACE
MIAMI FL. 33056

D/ ALFRED SMELLIE
3027 NW 7 AVE
MIAMI FL. 33127.