
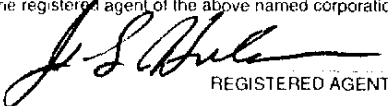
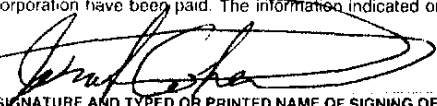


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> APPROVED AND FILED </div> <div style="font-size: 1.2em;">97 JAN 17 PM 2:32</div> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 830583 1. Corporation Name CHURCH OF GOD IN CHRIST, INC. 272 South Main Street Memphis, Tennessee 38101				DO NOT WRITE IN THIS SPACE	
Principal Place of Business Mailing Address J.L. Hulen 27 Palm Circle Avon Park, Fl 33825					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 62-1242019 <div style="display: flex; justify-content: space-between;"> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status </div>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, and Zip		
1	2	3	4		
Pres.	Bishop C.D. Owens	272 South Main Street	Memphis, TN 38101		
1st Vice	Bishop C.L. Anderson	272 South Main Street	Memphis, TN 38101		
2nd Vice	Bishop J.N. Haynes	272 South Main Street	Memphis, TN 38101		
Gen. Sec.	Bishop W.W. Hamilton	272 South Main Street	Memphis, TN 38101		
Fin. Sec.	Bishop Frank White	272 South Main Street	Memphis, TN 38101		
Dir.	Bishop Jacob Cohen	3120 N.W. 48th Terrace	Miami, Fl 33142		
8. Name and Address of Current Registered Agent J.L. Hulen 27 Palm Circle Avon Park, Fl 33825			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: space-between;"> FL 910-97 </div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 11/13/97 <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</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 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:  JACOB COHEN Date 11/13/97 <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # </div>					

CR2E040 (12/95)