2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000002867

FILED Oct 21, 2005 Secretary of State

Entity Name: FREEDOM HALL CHURCH OF GOD, INC. **Current Principal Place of Business: New Principal Place of Business:** 681 WINTHROP STREET BROOKLYN, NY 11203 **Current Mailing Address: New Mailing Address:** 681 WINTHROP STREET BROOKLYN, NY 11203 US FEI Number: 11-2570118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURKE, HOPE 4541 NW 39TH STREET LAUDERDALE LAKES, FL 33319 US 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. SIGNATURE: CECIL G. RILEY Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RILEY, CECIL G BISHOP Name: Name: Address: 681 WINTHROP STREET Address: BROOKLYN, NY 11203 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FERGUSON, LYTTLETON Name: Name: Address: 6101 NW 16TH COURT Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: Title: () Delete Title: () Change () Addition BURKE, HOPE Name: Name: 4541 NW 39TH STREET Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: () Delete Title: SD Title: () Change () Addition Name: FERGUSON, JENELPHA Name: Address: 6101 NW 16TH COURT Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOPE BURKE MRS. 10/21/2005