

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000941

1. Corporation Name

FULL GOSPEL TABERNACLE, INC

2. Principal Office Address

9701 NW 7TH AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FLORIDA

Zip

33150

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 02112000

5. FEI Number

300001855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BAYORO. APPOLINAIRE

Street Address (P.O. Box Number is Not Acceptable)

8450 NW 169TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

Date

2/17/04

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 |
|--------|--------------------------------------|---|--------------------------|
| PD | BAYORO, APPOLINAIRE | 8450 NW 169TH TERR | MIAMI, FL 33016 |
| VD | GNAZOU, LUCIEN | 1025 NE MIAMI GARDENS DRIVE | MAIMI FL 33179 |
| VDC | BAYORO, JOSETTE | 8450 NW 169TH TERRACE | MAIMI FL 33016 |
| D | LOUIS, ROSIE | 1151 NW 102 ST | MAIMI FL 33150 |
| D | DOREE, BRIOL | 701 NW 214 STREET | MIAMI FL 33169 |
| D | CLEMENT, UNA | 12966 NW 18 CT | PEMBROKE PINES, FL 33028 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/2004

Date

305 762-4200

Daytime Phone #

CR2E081 (01/04)

FEBRUARY 17TH, 2004

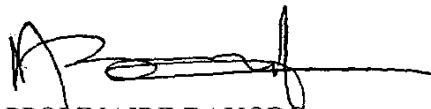
THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O BOX 6327
TALLAHASSEE, FL 32314

To Whom It May Concern:

THIS IS TO INFORM YOU THAT OUR ORGANIZATION DID NOT RECEIVE
NOTICES FOR THE YEAR 2003. WE SHALL THEREFORE APPRECIATE IT IF
YOU COULD WAIVE ALL FEES REGARDING THE REINSTATEMENT OF OUR
CHURCH.

THANKING YOU FOR YOUR COOPERATION.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Appolinaire Bayoro', with a long horizontal stroke extending to the right.

APPOLINAIRE BAYORO
PASTOR IN CHARGE