2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000941

Address:

City-St-Zip:

8450 NW 169 TERRACE

MIAMI, FL 33016

FILED Oct 04, 2007 Secretary of State

Entity Name: FULL GOSPEL TABERNACLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 9701 N.W. 7TH AVENUE MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 9701 N.W. 7TH AVENUE MIAMI, FL 33150 FEI Number: 30-0001855 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: OWANIKIN, JOSEPH 180 NW 183 STREET 103 MIAMI, FL 33169 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: JOSEPH OWANIKIN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BAYORO, APPOLINAIRE Name: Name: Address: 8450 N.W. 169 TERRACE Address: City-St-Zip: MIAMI, FL 33016 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: GLASS, PAMELA R Name: HARVEY, BLANCHE Address: 4501 NW 27TH STREET Address: 9701 NW 7TH AVENUE City-St-Zip: FORT LAUDERDALE, FL 33313 City-St-Zip: MIAMI, FL 33150 Title: VDC () Delete Title: () Change () Addition BAYORO, JOSSETTE Name: Name: 8450 N.W. 169 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33016 City-St-Zip: Title: () Delete Title: () Change () Addition BAYORO, DORCAS Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: APPOLINAIRE BAYORO P 10/04/2007