PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2001 - 2004

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/13/04--01003--004 **428.75

1. Corporation Name
NO LIMIT APOSTOLIC CHURCH, INC

2. Principal Office Address	**3.** Mailing Office Address
701 W. CONCORD ST	1334 ROYAL ST GEORGE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32805 Country: ORANGE	Zip: 32828 Country: ORANGE

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 21, 2000

5. FEI Number: 59-3607717 ☐ 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: ANTHONY D. DAVIS SR

Street Address (P.O. Box Number is Not Acceptable): 1334 ROYAL ST GEORGE DRIVE

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32828

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 _____ Date 4-05-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
V.P/T	CHARLAYNE D. DAVIS	1334 ROYAL ST GEORGE DR	ORL FL 32828
PRES	ANTHONY D. DAVIS	1334 ROYAL ST GEORGE DR	ORL FL 32828
S OFFICER	RAMARR L. DAVIS	1334 ROYAL ST GEORGE DR	ORL FL 32828
M OFFICER	STEVEN FOSTER	5405 SW 28TH AVE	Ocala FL 34474
M	MYRCE FOSTER	5405 SW 28TH AVE	Ocala FL 34474
M	ANTHONY D DAVIS JR	1334 ROYAL ST GEORGE DR	ORL FL 32828

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: _____ ANTHONY D DAVIS SR 4-5-04 407-234-6684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #