PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 31 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006738

1. Corporation Name

GOSPEL TABERNACLE OF RECONCILIATION, INC.

Principal Place of Business	Mailing Address
2841 NW 19TH STREET FT LAUDERDALE FL 33311	2841 NW 19TH STREET FT LAUDERDALE FL 33311

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/2000

5. FEI Number: 65-1057041 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DELICE, EGUILNER	4441 NW 33TH STREET	LAUDERDALE LAKES FL 33309
DV	DELICE, EVELINE	4441 NW 33TH STREET	LAUDERDALE LAKES FL 33309
DS	VOLCY, MICHELLE	1509 NW 5TH AVENUE	FT LAUDERDALE FL 33311
T	FALUMA, WISLET	4441 NW 33TH STREET	LAUDERDALE LAKES FL 33309

300008793503
11/05/02--01003--004 **61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DELICE, EGUILNER 4441 NW 33TH STREET LAUDERDALE LAKES FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

300008793503
12/30/02--01115--017 **175.00

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: E guilSIGNATURE REQUIRED Date: 10-28-02

REGISTERED AGENT MUST SIGN

11. 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: EguiLNeR DELiCeUIRED 10-28-02 9547356480

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