## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| Miami, FL  Miami, FL  Zip  Country  Jip  To Country  USA  33169  USA  33169  USA  33169  USA  33169  USA  The reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this by are received and requesting the reinstate Apt. C  City  Miami  8. L 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  9. Names and Street Addresses of Each Officer and/or Directors  Officer and/or Directors  Titles  Officers and/or Directors  Officer and/or Directors  The reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this by are certifying the prior notices we received and requesting the reinstate fee be waived.  FEGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Director  Lauderhill, FL 33169  VD  Riley, Patricia  4391 NW 19th Street Apt. 285  Lauderhill, FL 33313   |   |  |
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| Prayer Tabernacle Ministries Centre, INC.  2. Principal Office Address - No P O, Box # 15772 NW 7th Avenue 15772 NW 7th Avenue 15772 NW 7th Avenue 25ulte, Apt. # 15772 NW 7th Avenue 25ulte, Apt. # 15772 NW 7th Avenue 27u   |   |  |
| 15772 NW 7th Avenue  15772 NW 7th Avenue  Suite, Apt. #, etc.  Apt.C  Apt.C  City & State  City & State  City & State  City & State  VSA  Apt.C  Country  33169  USA  33169  USA  To Do Business in Finds  10/20/2000  5. FEI Number  65-1065291  6. CERTIFICATE OF STATUS DESIRED  TO Business in Finds  10/20/2000  5. FEI Number  65-1065291  6. CERTIFICATE OF STATUS DESIRED  The reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this barries certifying the prior notices were received and requesting the reinstate fee be waived.  City  Miamni  8. I, being appointed the registered agent of the above named corporation, am farraliser with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  Pole  Sode, Yewande  15772 NW 7th Ave Apt. C  Miami, FL  Miami, FL  30160  Miami, FL  4. Date incorporated or Qualified To Do Business in Finds  10/20/2000  5. FEI Number  65-1065291  6. CERTIFICATE OF STATUS DESIRED  The reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this barries are certifying the prior notices. By checking this barries are certifying the prior notices were received and requesting the reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this barries are certifying the prior notices. By checking this barries are certifying the prior notices. By checking this barries are certifying the prior notices were received and requesting the reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this barries are certifying the prior notices. By checking this barries are certifying the prior notices. By checking this barries are certifying the prior notices. By checking this barries are certifying the prior notices. By checking the pr | 18.75   |  |
| Suite, Apt. #. etc.  Apt. C  Apt. C  Apt. C  Apt. C  Apt. C  City & State  Miami, FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi  |   |  |
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| To Do Business in Florida 10/20/2000  To Do Business in Florida 10/20/2000  To Do Business in Florida 10/20/2000  In Flex Miami, FL  Zip Country Zip Country Sign State 65-1065291  To Do Business in Florida 10/20/2000  A State 5-1065291  To Do Business in Florida 10/20/2000  A State 5-1065291  To Do Business in Florida 10/20/2000  A State 5-1065291  To Do Business in Florida 10/20/2000  A State 5-1065291  To Do Business in Florida 10/20/2000  A State 5-1065291  To Do Business in Florida 10/20/2000  A State 5-1065291  The reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this bare certifying the prior notices we received and requesting the reinstatement fee be waived.  Suite, Apt. F. Etc.  Apt. C  City State 7-20-20-20-20-20-20-20-20-20-20-20-20-20-  |   |  |
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| Zip Country USA 33169 USA 6. CERTIFICATE OF STATUS DESIRED VISA 57. Name and Address of Current Registered Agent Vewande Sode  T. Name and Address of Current Registered Agent Vewande Sode  Street Address (P.O. Box Number is Not Acceptable) 15772 NW 7th Avenue  State Sta | Applied For   |  |
| 33169 USA 33169 USA 33169 USA GENTIFICATE OF STATUS DESIRED   7. Name and Address of Current Registered Agent  Name Yeward Sode Street Address (P.O. Box Number is Not Acceptable) 15772 NW 7th Avenue  Suite, Apt. €, Etc. Apt. C. City Miami  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  9. Names and Street Addresses of Each Officer and/or Director  Titles Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PD Sode, Yewande 15772 NW 7th Ave Apt. C Miami, FL 33169  VD Pierre, Chantel 15772 NW 7th Ave Apt. C Miami, FL 33169  VD Riley, Patricia 4391 NW 19th Street Apt. 285 Lauderhill, FL 33313  | Not Applicable  |  |
| Name Yewarde Sode Street Address (P.O. Box Number is Not Acceptable) 15772 NW 7th Avenue  Suite, Apt. #, Etc. Apt. C  City Miami  State FL  33169  State RECISTERED AGENT MUST SIGN  Titles  Officers and/or Directors  Name of Officers and/or Directors  PD  Sode, Yewande  VD  Riley, Patricia  PA  The reinstatement fee is imposed, excircumstances which the entity did not the prior notices. By checking this be are certifying the prior notices we received and requesting the reinstate fee be waived.  FECISTERED AGENT MUST SIGN  Street Address of Section 607.0505 or 617.0503, F.S.  Signature of Registered Agent RECISTERED AGENT MUST SIGN  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  Miami, FL 33169  VD  Riley, Patricia  4391 NW 19th Street Apt. 285  Lauderhill, FL 33313  Si D 1 3 6 2 4 5 6 5 9 139.23 //188-010018-0115 ***8.]  | tal Fee required<br>ate of Status   |  |
| Yewande Sode  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  15772 NW 7th Avenue  State Address (P.O. Box Number is Not Acceptable)  State Apt. C  City Miami  State FL 33169  8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  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 (Florida nonprofit corporations of Each Officer and/or Director)  PD Sode, Yewande  15772 NW 7th Ave Apt. C  Miami, FL 33169  VD Pierre, Chantel  15772 NW 7th Ave Apt. C  Miami, FL 33133  31 III 1 36.245659  03.725 /108-01008-015 ***8, 1 10 1 1 16.245659   |   |  |
| Street Address (P.O. Box Number is Not Acceptable) 15772 NW 7th Avenue  Suite, Apt. #, Etc. Apt. C  City Miami  State FL 33169  State FL 33169 | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not |  |
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| Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officer and/or Directors  PD Sode, Yewande  15772 NW 7th Ave Apt. C  Miami, FL 33169  VD Pierre, Chantel  15772 NW 7th Ave Apt. C  Miami, FL 33169  VD Riley, Patricia  4391 NW 19th Street Apt. 285  Lauderhill, FL 33313  300138245659  03/23/0801008015 ***8.7  |   |  |
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| VD         Pierre, Chantel         15772 NW 7th Ave Apt. C         Miami, FL 33169           VD         Riley, Patricia         4391 NW 19th Street Apt. 285         Lauderhill, FL 33313           SID 1 36245659         33/23/0801008015         ***8.1   |   |  |
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| 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 we 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 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  Yewande Sode  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daylame Phone #   | nat all fees on indicated   |  |