PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000000824

REINSTATEMENT 02-03

300024177613
10/27/03--01112--005 **245.00

1. Corporation Name

The Pompano Christian Clergymen Council, Inc

2. Principal Office Address	3. Mailing Office Address
2420 NW 6 Street	P. O. Box 666836
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Fl	City & State: Pompano Beach, Fl
Zip: 33069 Country: USA	Zip: 33066 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 2-5-01

5. FEI Number 65-107656 ☐ 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: Gary McCleod

300024177613
11/21/03--01080--004 **52.50

Street Address (P.O. Box Number is Not Acceptable): 2420 NW 6 Street

Suite, Apt. #, Etc.

City: Pompano BEach | State: FL | Zip Code: 33069

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: Gary McCleod — Date: 10-10-03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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	Rev. Aaron Wiggins	1320 NW 54 Terrace	Lauderhill, Fl 33313
VD	Rev. Wylie Howard	500 NW 21 Avenue	Pompano Bch., 33069
VD	Rev. Fred Wilson	1261 NW 24 Avenue	Pompano Bch., FL 33069
SD	Rev. Gary McCleod	2420 NW 6 Street	Pompano Bch., Fl 33069
SD	Rev. Terry Taylor	610 NW 30 Avenue	Pompano Bch., Fl 33069
SD	Rev. Henry Fuller	P.O. Box 666836	Pompano Bch., Fl 33066

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: Rev. Aaron Wiggins — Rev. Aaron Wiggins — 10-18-03 — 954-797-8104

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