PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

acos Annu Repor	rual FLO			ORIDA DEPARTMENT OF STATE Secretary of State Division of corporations				08 JUL 16 PM 12: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N0100007814 1. Corporation Name							9	7.21-08	
Christian Fellowship Worship Center For All People,							7. 07/11	00133016207 6/0801032001 **236.25	
2. Principal	Office Addre	ess - No P.O. Box#	office Address			,			
13700 N	W 19th A	Venue	18130 NV	W 56th Avenue					
Suite, Apt. #, etc. Suite, Apt.				, etc.		Date Incorporated or Qualified To Do Business in Florida			
City & State City & State				5			5. FEI Number	r Applied For	
Opa-Locka, FLorida Zip Country			+	Miami, Florida Zip Country			Not Applicable		
33054				33055 USA			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent									
Name Joy L. Jackson							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you		
Street Address (P.O. Box Number is Not Acceptable)									
	W 56th A	venue			,		are certifying the prior notices were not		
Suite, Apt. #, Etc.							received and requesting the reinstatement fee be waived.		
City Miami					State Zip Code FL 33055				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN							Obligations of section 607.0505 or 617.0503, F.S. Date		
9. Names and Street Addresses of Each Officer and/or Officer (Florida nonprofit corporations must list at least							st 3 directors)		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip	
DP	Joy L. Ja	ackson	18130 NW 56th Avenue				Miami, Florida 33055		
DV	Mamie 0	Griffin	15401 NW 29th Court				Miami, Florida 33054		
DT	Treisa S	Smith	8225 NW 191 Street				Miami, Florida 33015		
DS	Belinda	Williams	3128 NW 45th Street			· ·	Miami, Florida 33142		
DT	Willie Sr	mith	20621 NE 1st Court				Miami, Florida 33142		
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 contained in Chapter 119, 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: 100 100 100 100 100 100 100 100 100 10									
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