PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -1 AM 8:06

DOCUMENT # N02000003741

1. Corporation Name
UNITY CHRISTIAN MISSION GOSPEL CHURCH, INC.

REINSTATEMENT 03-04
09/17/04 01081 001 12280

2. Principal Office Address	3. Mailing Office Address
1848 Plunkett St.	1848 Plunkett St.
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33020 Country USA	Zip 33020 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/16/2002

5. FEI Number ✓ 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: Johnny Silva
Street Address (P.O. Box Number is Not Acceptable): 1859 Wiley St Apt 1
Suite, Apt. #, Etc.:
City: Hollywood FL
State: FL Zip Code: 33020

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: Johnny Silva (REGISTERED AGENT MUST SIGN) Date: 11/21/04

CR2E041 (03/04)

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
P/D	Francisco Rodan	1848 Plunkett St. #1	Hollywood, FL 33020
VP/D	Johnny Silva	1848 Plunkett St. #1	Hollywood, FL 33020
T/D	Argentina Silva	1848 Plunkett St. #1	Hollywood, FL 33020
S/D	Aracely Acevedo	1848 Plunkett St. #1	Hollywood, FL 33020

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: Johnny Silva 5/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/3aw