PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE COPPORATION 07 JAN 24 AM 9: 11 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS CLLAHASSEE, FLORIDA DOCUMENT # NO200000 7443 1. Corporation Name GREATER ST. ELIZABETH WORSHIP CENTER, INC **800086688348** 01/30/07--01023--025 \*\*245,00 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2266 14th AVE P.D Box 956 CR2E081 (1/07) 4. Date Incorporated or Qualified 9/20 To Do Business in Florida 2002 City & State 5. FEI Number Applied For VERO BEACH FL Not Applicable \$8.75 Additional Fee require-for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in NATHAN W PETERSON circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. City Zip Code FORT 34946 am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. tered agent of the above named corporation 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip IROQUOIS AVE FT. PIERCE, FL 34944 NATHAN W. PETERSON 20th ST. Apt 141 VERO BEACH, FL 32966 DAPHNE HOLMES VERO BEACH, FL 32967 JUANITA HARRINGTON QUOIS AVE FT. PIERCE, FL 34946 ZELLA PETERSON

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE HUTCHINSD

8/5/6

772-595-4318

JC 1/24