## EPEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS	FILED 09 OCT 22 AM 8:	, 
DOCUMENT # NØ2 ØØØØ 856 7  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORID!	
		REINSTATEMENT (%-1) 2001 62034222	
2. Principal Office Address - No P.O. Box #  250   Bristo Road  Suite, Apt. #, etc.  3. Mailing Office Address  250   Bristo Rd.  Suite, Apt. #, etc.		10/22/0901033006 **297.50 CR2E081 (12/08)	
Suite B2 Suite B2		4. Date Incorporated or Qualified To Do Business in Florida	
West Palm Beach, FL West Palm Beach, FL		5. FEI Number Applied For Not Applicable	
33409 Country 33409	3 USA		Additional Fee required a Certificate of Status
7. Name and Address of Current Registered Agent Name		-	
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		☐ 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 received and requesting the reinstatement	
City Riviera BCD F/A. State State 33404		fee be waived.	
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  Date			
9. Names and Street Addresses of Each Officer and/or Director (Fi		····	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		/ Zip
Pactor Rev. Thomas L. McCARty	1118 24th Street	t Riviera Beach	FL 33404
Pastor Rev. Ralph W. Pittman, Se	3554 Dora Lane	west Palm bea	ch FC 33417
Cleak Cunthia E. Pittman	1915 Beautiful Ave	enue West Dalm Beach	1.Ft 33407
Treasurer Andrea E. Thompkins	1232 W. 23Rd S	treet liviere beach	Fc 33404
		Load West Palm Beac	1.Fc 33417
Die R.C. Miler, Jr.	1512 40th Street	t West Palm Beach	FL 33407
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 filling 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 of it made under oath.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNINGOFFICER OR DIRECTOR  Date  Destime Phone **			