
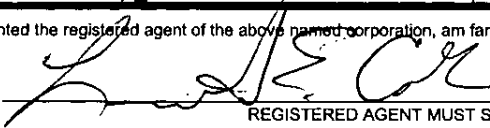
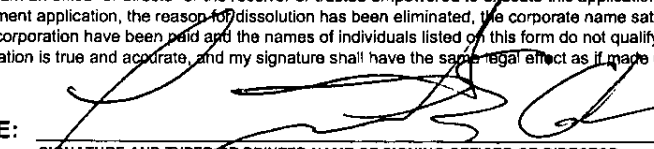


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 FEB 27 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # NO4000003320																													
1. Corporation Name IN His Presence Cathedral of Praise																													
2. Principal Office Address - No P.O. Box # 647 Dunn ST		3. Mailing Office Address P.O. Box 180766		100144600821 -- 02/27/09--01021--002 **192.50 CR2E081 (12/08)																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 4-1-04																									
City & State Tallahassee FL		City & State Tall FL 32318		5. FEI Number 41-2136606																									
Zip 32304	Country	Zip 32318	Country Leon	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
7. Name and Address of Current Registered Agent Name Leonard E. Cohen Street Address (P.O. Box Number in Most Appropriate) 647 Dunn ST Suite, Apt. #, Etc. City Tall State FL Zip Code 32304				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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 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  Date 2-27-09 REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Pastor</td><td>Leonard E. COHEN</td><td>921 Seaside Creek Run Acting Director</td><td>Tall FL 32303</td></tr><tr><td>adm</td><td>Latoya G. COHEN</td><td>Same</td><td>Same</td></tr><tr><td>Deo</td><td>Ellis Bunnion Jr</td><td>150 Seminole Circle Deo</td><td>Hevanna FL 32333</td></tr><tr><td>Deconess</td><td>Shelia Bunnion</td><td>Same Deconess</td><td>Same</td></tr><tr><td colspan="4" style="text-align: center;">REINSTATEMENT 07-09 B 2/27/09</td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pastor	Leonard E. COHEN	921 Seaside Creek Run Acting Director	Tall FL 32303	adm	Latoya G. COHEN	Same	Same	Deo	Ellis Bunnion Jr	150 Seminole Circle Deo	Hevanna FL 32333	Deconess	Shelia Bunnion	Same Deconess	Same	REINSTATEMENT 07-09 B 2/27/09			
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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:  Date 2-27-09 Daytime Phone # 850 210-6095																													