

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

07 DEC 10 AM 11:44

DOCUMENT # N04000004370

1. Corporation Name

FACE OF THE LORD CHURCH OF GOD MINISTRY, INC

2. Principal Office Address - No P.O. Box #
7648 WILES RD

3. Mailing Office Address
3061 NE 11 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State
POMPANO BEACH

Zip
33067

Country
BROWARD

Zip
33064

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

04-30-2004

5. FEI Number
13-4279908

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
AURELUS MARCELLUS

Street Address (P.O. Box Number is Not Acceptable)
3061 NE 11 AVE

Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL

Zip Code
33064

☒ 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.

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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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/25/2007

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	ARLEINE BIEN-AIME	3061 NE 11 AVE	POMPANO BCH/FL/33064
D/S	AURELUS MARCELLUS	3061 NE 11 AVE	POMPANO BCH/FL/33064
T	Michel Dolvil	4133 NW 78th LN apt B	CORAL SPRINGS/FL/33065

REINSTATEMENT 06-07

B 12/13/07

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]
Aurelius Marcellus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/07

Daytime Phone #

(754) 366-8725