PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 2002 8:00 am
Secretary of State

Read Instructions on Other Side Before Making Entries — Make Check Payable To: Department of State

02

1. Name and Mailing Address of Corporation: DOCUMENT # N04135

SAINT CITY NO. 4 CHURCH OF THE APOSTOLIC FAITH INC.
9302 N.W. 22nd AVENUE
MIAMI, FLORIDA 33147

2. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

City and State — Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State — Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		6. $8.75 Additional Fee required for a Certificate of Status
JULY 12, 1984	59-2222883	FEI Number Applied For	
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED X

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	JAMES P. JENKINS	7375 N. AUGUSTA DR.	HIALEAH, FL 33015
DIR. V.PRES.	HELEN JENKINS	7375 N. AUGUSTA DR.	HIALEAH, FL 33015
DIR.	NANCY HENLEY	1851 N.W. 81st TERRACE	MIAMI, FL 33147
DIR.	REGINA PORTER	1217 BERTHAD TASS	HEPHZIDAH, GA 30815
DIR.	EARL YOUNG	6448 N.W. 61st STREET	OCALA, FL 34482
DIR.	GENISE YOUNG	6448 N.W. 61st STREET	OCALA, FL 34482

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

JAMES P. JENKINS
7375 N. AUGUSTA DR.
HIALEAH, FL 33015

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

900005145269--7
-03/22/02--01005--020
****367.50 ****367.50

Street Address (Do NOT Use P.O. Box Number)

City — State: FL. — Zip

CR2E040 (8/92)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: James P. Jenkins President — Date: 3-6-02

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Helen Jenkins — Date: 02/07/02 — Daytime Phone #

Typed or printed name of signing officer or director: HELEN JENKINS, VP/DIR.

RB