APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

Make Check Payable to Department of State

FILED
02 MAR -8 AM 10:53

1. Name and Mailing Address of Corporation: DOCUMENT # N04143

SAINT CITY NO. 2 CHURCH OF GOD OF THE APOSTOLIC FAITH, INC.
9302 N.W. 22nd AVENUE
MIAMI, FL 33147

2. If Address in Block 1 is incorrect, you may enter the correct address below:

Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA

City and State | Zip Code

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

Address: REINSTATEMENT 00-02

City and State | Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: JULY 12, 1984

5. FEI Number: 59-2222883

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☒

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
DIR. PRES	JAMES P. JENKINS	7375 N. AUGUSTA DR.	HIALEAH, FL 33015
V. PRES DIR	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: 900005163739--0
-03/26/02--01053--016
****367.50 ****367.50

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

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: Bishop 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 of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. 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 the 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: 02/7/02 Daytime Phone #

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