

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05000001748			
1. Corporation Name APOSTOLIC FAITH CHURCH OF GOD INC			

2. Principal Office Address - No P.O. Box # 757 NW BRISTOL ST.		3. Mailing Office Address N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State P.S.L, FL		City & State	
Zip 34983	Country USA	Zip	Country

800137012998
 10/17/08-01021--001 **183.75
REINSTATEMENT 06-08
CR2E081-(10/08)

4. Date Incorporated or Qualified To Do Business in Florida 02/18/2005		DC 10/20
5. FEI Number 02-0739460		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent			
Name PARNEL MEDOR			
Street Address (P.O. Box Number is Not Acceptable) 757 NW BRISTOL ST.			
Suite, Apt. #, Etc.			
City P.S.L		State FL	Zip Code 34983

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 	REGISTERED AGENT MUST SIGN Date 10/10/2008		

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	PARNEL MEDOR	757 NW BRISTOL ST.	P.S.L, FL 34983
V	VILMENE VALENTIN	1002 LIBERTY ST.	P.S.L, FL 34983
S	MARIE D. MEDOR	757 NW BRISTOL ST.	P.S.L, FL 34983
T	OFFNY CHERY	1902 S.W. GOLD LN	P.S.L, FL 34983

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.

PARNEL MEDOR **10/10/2008** **772-626-6355**