PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	INSTATEMENT		DEPARTMENT OF STATE Secretary of State vision of corporations		13 FEB 21 PM 1: 04			
DOCUMENT # N06000004130 1. Corporation Name				ŗ	SECREBBAY GTATE FALL AHASSER FLORIDA			
JERUSALEM APOSTOLIC PENTECOSTAL OUTREACH LIFELINE MINISTRIES, INC. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address								
			MAGGIE LANE					
Suite, Apt. #, etc.	etc.		CR2E081 (11/10) 4. Date incorporated or Qualified To Do Business in Flonda 04/14/2006					
TALLAHASSEE, FL Zip Country Clip & State City & State TALLA Zip Zip Zip		AHASSEE, FL		5. FEI Number 59383732	amber Applied Fo		Applicable	
32308 USA	32308		USA	6. CERTIFICAT	CERTIFICATE OF STATUS DESIRED		Fee required e of Status	
Name KEISHA T. DUNLAP Street Address (P.O. Box Number is Not Acceptable) 4078 POINT MILLIGAN RD Suite. Apt. #, Etc. City QUINCY State Zip Co FL 32352 8. I, being appointed the registered agent of the above named corporation, am familiar with and acceptable in the state of th				500244942345 02/21/1301008024 **420.00 obligations of section 607.0505 or 617.0503, F.S.				
Registered Agent REGISTERED AGENT MUST SIGN					Date	//3		
Names and Street Addresses of Each Officer a	and/or Director (Flo	orida nonpro						
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
P GAINES, MAGGIE		8594 ROQUEL LANE		TALLAHASSEE FL 32312				
ST DUNLAP, VERNON		8594 ROQUEL LANE		LANE	TALLAHASSEE FL 32312		32312	
			•					
	10-			FEB 2 1 2013				
					1	. SCOTT		
10. E-mail Address: keishadunlap@media	combb.net							

(To be used for future annual report notification)

SIGNATURE: Margin Laines Laines 2/21/13 850 817380

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¹¹ 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. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.