


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000003529 1. Entity Name THE APOSTLE FAITH CHURCH OF GOD, INC.	
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FILED
08 OCT 31 PM 3: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 912 AVENUE D FT PIERCE, FL 34950	Mailing Address 912 AVENUE D FT PIERCE, FL 34950
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

REINSTATEMENT 099 (1/07) 08

Zip	Country	Zip	Country
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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMILEN, YVES 907 N 20TH ST FT PIERCE, FL 34950
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMILEN, YVES <input type="checkbox"/> Delete 907 N 20TH ST FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAVINSCARD, JOHN <input type="checkbox"/> Delete 712 N 25TH ST FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CILIN, ARNOLD <input type="checkbox"/> Delete 1704 HISPANA AVE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRERE, JEANNOT P <input type="checkbox"/> Delete 1808 AVE E FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSICOT, JEAN M <input type="checkbox"/> Delete 612 ROSLYN AVE FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERSSAINT, CHERUBIN <input type="checkbox"/> Delete 612 ROSLYN AVE FT PIERCE, FL 34950

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000137486370 10/30/08--01037--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>M/10/31</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yves Similen* 10/25/08 772-828-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #