PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29776

1. Corporation Name: Royal Assembly Kingdom of Elohim

Principal Place of Business / Mailing Address:
8267 NE 2nd Ave
Miami, FL, 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Street, Apt. #, etc: N/A	Suite, Apt. #, etc: N/A
City & State: N/A	City & State: N/A
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/1988

5. FEI Number: 65-0892455 — Applied For ☐ Not Applicable ☐

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director (D) President	Pastor Irving Keith Barbary	145 NW 20th Terr.	Miami, FL 33169
Director (D) Secretary	Tonia Barbary	145 NW 20th Terr.	Miami, FL 33169
Director (D) Treasurer	Juanita France	2080 Sherman Cir. N. Apt 205	Miramar, FL 33025
Chairman (T) (Trustee)	Marcus France	6070 NW 194th Terr.	Miami, FL 33015
Assistant Chairman (T) (Trustee)	Clayton Anthony Harris	140 NW 20th Terr.	Miami, FL 33169

8. Name and Address of Current Registered Agent

Pastor Irving Keith Barbary
145 NW 20th Terr.
Miami, FL 33169

REINSTATEMENT 98-99 ; FTS

Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)
800003007178--3
Suite, Apt. #, Etc.
-10/06/99--01012--006
****306.25 ****306.25
City / State / Zip Code: FL

CR2E081 (12/98)

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: Irving K. Barbary — REGISTERED AGENT MUST SIGN — Date 09-18-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 the 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 under section 119.07(3)(i), 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.

SIGNATURE: Irving K. Barbary — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 9-18-99 — Daytime Phone #