

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 17 PM 4:44 SECRETARY OF STATE TALLAHASSEE FLORIDA																													
DOCUMENT # N29853																																	
1. Corporation Name CHRIST IS LOVE Church of all Faiths, Inc. W01-22965																																	
2. Principal Office Address 5861 N.W. 32nd Ave		3. Mailing Office Address 5861 N.W. 32nd Ave																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State Miami, FL		City & State Miami, FL																															
Zip 33142	Country Miami-DADE	Zip 33142	Country Miami-DADE	4. Date Incorporated or Qualified To Do Business in Florida 12-28-88																													
5. EEL Number				Applied For ☒ Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED ☒				\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name EVAN WILLIS P. HOWARD																																	
Street Address (P.O. Box Number is Not Acceptable) 5861 NW 32nd Ave																																	
Suite, Apt. #, Etc.																																	
City miami																																	
State FL																																	
Zip Code 33142																																	
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 EVAN WILLIS P. HOWARD																																	
Date 9-26-2001																																	
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Overseer</td><td>EVAN WILLIS P. HOWARD</td><td>5861 NW 32nd Ave</td><td>Miami FL 33142</td></tr><tr><td>Pastor</td><td>Michael Howard</td><td>5861 NW 32nd Ave</td><td>Miami, FL 33142</td></tr><tr><td>Deacon</td><td>Sister Carlette Howard</td><td>5861 N.W. 32nd Ave</td><td>Miami, FL 33142</td></tr><tr><td>Recording Secretary</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Overseer	EVAN WILLIS P. HOWARD	5861 NW 32nd Ave	Miami FL 33142	Pastor	Michael Howard	5861 NW 32nd Ave	Miami, FL 33142	Deacon	Sister Carlette Howard	5861 N.W. 32nd Ave	Miami, FL 33142	Recording Secretary											
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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 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: Willis P. Howard WILLIS P. HOWARD 9/26/01 (35) 635 9917																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

CR2E081 (9/00)