PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT (97)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC 24 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33819

1. Corporation Name FULL GOSPEL ASSEMBLY OF RIGHTEOUSNESS IN JESUS CHRIST INC

Principal Place of Business
3901 N W 2 nd AV.
MIA Flo 33127

Mailing Address

Q. Allen 12/24/97
REINSTATEMENT 1997

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 9/24/89

5. FEI Number 65-0335865 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Emy Etienne	749 N.E 82 nd st	MIA. Flo 33138
S	FRANTZ-Suzy Etienne	749 N.E 82 nd st	MIA - Flo 33138
D	ALFred TRANCHant	780 N.E 83 st	MIA Flo 33138
D	JOSeph GABriel	811 N.E 82 ter.	MIA Flo 33138
D	JEAN PAUL st PHARD	12433 N.E. MIA Ct	MI Flo 33161

8. Name and Address of Current Registered Agent

PAST. Emy Etienne
Sante

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

300002385443--0
-12/30/97--01034--003
****297.50 ****297.50

CR2E040 (12/96)

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 Rev Emy Etienne
REGISTERED AGENT MUST SIGN

Date 12/22/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: Emy Etienne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/22/97

Daytime Phone #