PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 13 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 KRG 10/13/00

DOCUMENT # N33819

1. Corporation Name
Full Gospel Assembly of Righteous In Jesus Christ, Inc.

2. Principal Office Address	3. Mailing Office Address
3901 N.W. 2nd Ave	3146 N.W. 68 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Ste. No. 1
City & State: Miami, Florida	City & State: Ft. Lauderdale
Zip: 33127 Country: USA	Zip: 33309 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1989

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. Name and Address of Current Registered Agent

Name: CLIFTON H. RODRIGUEZ, CPA

Street Address (P.O. Box Number is Not Acceptable): 3146 N.W. 68 Street

Suite, Apt. #, Etc.: Ste. No. 1

City: Ft. Lauderdale State: FL Zip Code: 33309

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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: Clifton H. Rodriguez
REGISTERED AGENT MUST SIGN

Date: October 04, 2000

CR2E081 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rev. Emy Etienne	749 NE 82ND St.	Miami, FL 33138
S	Frantz-Suze Etienne	749 NE 82ND St	Miami, FL 33138
D	Alfred Franchant	780 NE 88 St.	Miami, FL 33138
D	Joseph Gabriel	811 NE 82ND Terrace	Miami FL 33138
D	J. Paul St. Pharr	12433 NE Miami Ct	Miami, Fl 33161

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: x Rev. Emy Etienne 10/06/00 (305) 573-2867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #