PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:02

DOCUMENT # **N33819**

1. Corporation Name

FULL GOSPEL ASSEMBLY OF RIGHTEOUSNESS IN JESUS C HRIST INC.

Principal Place of Business	Mailing Address
3901 N.W. 2ND AVE. MIAMI FL 33127	3146 NW 68 STREET SUITE 1 FT. LAUDERDALE FL 33309

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

REINSTATEMENT 01

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

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ETIENNE, EMY REV	749 N.E. 82ND STREET	MIAMI FL 33138
S	ETIENNE, FRANTZ-SUZE	749 N.E. 82ND STREET	MIAMI FL 33138
D	TRANCHANT, ALFRED	780 N.E. 83 STREET	MIAMI FL 33138
D	GABRIEL, JOSEPH	811 N.E. 82 TERRACE	MIAMI FL 33138
D	ST. PHARD, J. PAUL	12433 N.E. MIA CT.	MIAMI FL 33161
Board Adv Ex-officio	Rodriguez, Clifton A.	3146 N.W. 68 Street	Ft. Lauderdale, FL 33309

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RODRIGUEZ, CLIFTON F CPA 3146 N.W. 68 STREET SUITE NO. 1 FT. LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

300004679733--5
-11/15/01--01004--009
****236.75 ****236.25
FL

CR2E040 (8/01)

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: Clifton A. Rodriguez — Date: 10/15/01
REGISTERED AGENT MUST SIGN

11. 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 _____ 10/15/01 (786)236-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #