| ■ PLEASE READ  | ALL INSTRUCTIONS                  | BEFORE COMPLET   | TING THIS FORM.                                    |
|--|-----------------------------------|--|--|
| FLORE DE ARTMENT STATE   |                                   |  | •  |
| RB S S S S S S S S S S S S S S S S S S S   | Secretary of<br>Dision of correct | tale<br>Prations   | FILED  |
| DOCUMENT # N36385 (5)  |                                   |  | 99 AUG 11 PH 1: 09                                 |
| The House of Worship Church of The Living God, INC.  |                                   |  | CHARLEE, FLORIDA                                   |
| Principal Place of Business Mailing Address  |                                   |  |  |
| 2865 N.W. 7th Ct. 14. Lauderdale, 1-183311   |                                   | [=188311]  |  |
|  |                                   |  |  |
| 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  0. 0. 80x 12-23  |                                   | Applicable 4. Date Incorp  | oraled or Qualified ness in Florida                |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.               | 5. FEI Numbe   | 1/31/90  |
| City & State Ft. Laudercale, F1  | Zip Country                       | 6  | Not Applicable  \$8.75 Additional Fee required     |
| 7. Names and Street Addresses of Each Officer and  | 333/1   Bro                       | was LEHIIFICAT   | E OF STATUS DESIRED La for a Certificate of Status |
| Title(s) Name of Officers and/or Directors   | Str                               | reet Address of Each<br>ficer and/or Director<br>se Post Office Box Numbers) | City / State / Zip                                 |
| D/P Claudia Cunningham 751 N.W. 18# Terr. Ft. Lauderdale 16/83   |                                   |  | Fit I and end ale 15/ 33311                        |
| D/V Maurice Brown 1959 N.W. 594  |                                   |  | Ft. Lauderdale [ 1 3331]<br>Lauder Hill F1 33302   |
| D/ 1   |                                   | . w. 59 th was   | Lauder Hill, F1 3834                               |
|  |                                   |  | 34,7,7,7,00  |
|  |                                   | n  | 000029634706<br>-08/18/9901068021                  |
|  |                                   |  | *****70.00 *****70.00                              |
| 8. Name and Address of Current Registered Agent  |                                   | 9. Name and A  | ddress of New Registered Agent                     |
| 2865 N.W. 7th ct   |                                   | Claudia Cunningham   |  |
| Suite, Apt. #, Etc.  |                                   |  | Try.   |
| Ft. Lauderdale, F1 38311 Cry Lauderdale, State Zip Code FL 33311   |                                   |  |  |
| 10. I, being appointed the registered agent of the above name ecoporation, am familiar with and accept the obligations of Section 607.0505, F.S.   |                                   |  |  |
| Signature of Registered Agent Clauder Curry REGISTERED AGENT MUST SIGN  Date 8   4   99  |                                   |  |  |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No 2— (See other side for information on intangible tax.)  |                                   |  |  |
| 12. I certify that I am an officer or director or the receiver or frustee 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: Claudic Control of Signification of Significat |                                   |  |  |