PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** N 36399 98 SEP 21 AM 9: 06 Pentecostal Faith DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Jesus Christ Inc. Principal Place of Business Mailing Address P.O BUX 10871 2421 Ave E REINSTATEMENT Riviera Bch. Fl. 33404 Riviera Bch. F1. 33404 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State \$8.75 Additional Fee regulred for a Certificate of Status Country Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip w 37th Street Riviera Bul Fl. 33404 Anderson D. Lonick Sn. 1590 Riviera Bch. Fl. 33404 Willie H. Lorick Sr. 1101 AUR. D 5 Mable L. Lorick 1101 AUR] Riviera Buh Fl. 33404 Vannett Corvill 3373 Summers street Lake Worth Fl. 33495 T Alice Hay wood street West Palm Bch. Fl 33407 D B. Name and Address of Current Registered Agent 1901 W. 37th Street West Palm Beh F1. 33407 9. Name and Address of New Registered Agent Anderson Lorick Sr. Street Address (P.O. Box Number is Not Acceptable) 1590 W. 37th street Suite, Apt. #, Etc. Riviera Buh. Fl. 3.3404 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. Date 9-14-98 11. This corporation owes or has paid the current year (See other side for information Yes L Intangible Personal Property tax due June 30. 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 filling 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: Elle and Typed on printed NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Printed NAME OF SIGNING OFFICER OR DIRECTOR

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