


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N38132</u>					
1. Corporation Name <u>GETHESEMANE CHURCH OF GOD IN CHRIST INC.</u>					
2. Principal Office Address <u>9M E. DUTAL ST.</u>			3. Mailing Office Address <u>P.O. Bx 1343</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>LIVE OAK, FLA</u>			City & State <u>LIVE OAK FLA</u>		
Zip <u>32060</u>	Country <u>SWANNEE</u>	Zip <u>32060</u>	Country <u>SWANNEE</u>		

FILED
06 FEB 27 PH 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/06--01021--026 **\$61.25

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>59-3105467</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>OLIVER L JENKINS</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>6640 Rhove Dr</u>		
Suite, Apt. #, Etc.		
City <u>JACKSONVILLE FLA.</u>	State <u>FL</u>	Zip Code <u>32208</u>

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

OZ Jenkins

Date

2-21-06

REGISTERED AGENT MUST SIGN

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
Chairman	<u>GEORGE E. FITCH</u>	<u>22538 125th St.</u>	<u>LIVE OAK, FLA 32060</u>
<u>DNS</u>	<u>OLLIE MAE SAPP</u>	<u>8472 161st Rd</u>	<u>"</u>
<u>DNS</u>	<u>MILDRED CHERRY</u>	<u>Rt 2 Bx 13</u>	<u>"</u>
<u>MSN</u>	<u>YVONNE FITCH</u>	<u>22538 125th St.</u>	<u>"</u>
<u>MSN</u>	<u>BONNIE JENKINS</u>	<u>6640 Rhove Dr Jacksonville Fla</u>	<u>"</u>
<u>DEC</u>	<u>BENJAMIN BROWN</u>	<u>P.O. Bx 51513 Jacksonville FLA</u>	<u>32240 "</u>

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:

OZ Jenkins

OLIVER L. Jenkins

(904) 244-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #