PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE 2005 OCT 19 AM 9: 58 **CORPORATION** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS Christ International Church, INC. 2. Principal Office Address 16011E191ST 12800 NE 6th Ave CR2E081 (8/05) Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Flonda City & State Miami, FL 5. FEI Number Applied For Miami Not Applicable S8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 600066774286 10/13/566-702666-7003 ***421.00 Miami 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. Date 10-13-05 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Titles 1601NE 1915T #304 Miami, F1. 33179 PD David Branch Fleming TSD Carol Jean M. Fleming 1601 NE 1915T#304 mani, FZ. 33179 11601 South 69th East And Bixby, OK. 74008 JoelLaurore 10/25 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 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: Caro Fleming Control of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR