PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE			r i. u
REMOTO EMENT	•	y of State orporations	05 MAY 27 AM 9: 37
Honual Kegort			SEUNLIARY OF STATE
DOCUMENT # N42893			TALLAHASSEE, FLORIDA
1. Corporation Name			
THE APOSTOLIC CHURCH IN AMERICA, INC.			100130931241 06/05/0801053004 **70.00
2. Principal Office Address - No P.O. Box # 3. Mailling Office Address Inside Courtyard Marriott Mail To:		CR2E081 (12/07)	
Suite, Apt. #, etc. Suite, Apt. #, etc			3, (,,,
2825 NE 191 street	825 NE 191 street 1045 NE 171 Terrace		Date Incorporated or Qualified To Do Business in Florida
City & State City & State		5. FEI Number Applied For	
Miami, Florida	orida No. Miami, FL Country Zip Country		65-0259958 Not Applicable
Zip Country 33180 USA	33162	USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name CLAHAR, RANSFORD G.			The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)			circumstances which the entity did not receive the prior notices. By checking this box, you
1045 NE 171 Terrace Suite, Apt. #, Etc.			are certifying the prior notices were not
Suite, Apr. #, Etc.			received and requesting the reinstatement fee be waived.
N. Miami Beach State Zip Code FL 33162			
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 REGISTERED AGENT MUST SIGN			Date 4/25/08
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles Name of Street Address of Each Officer and/or Directors Officer and/or Directors		· · · · · · · · · · · · · · · · · · ·	
D	Day and discount		
			ace N. Miami Bch FL 33162
D CLAHAR RUTH M		1045 NE 171 Terrace N. Miami Bch., FL	
D BASSETT, YVONNE 15060 SW 147th B		lace Miami, FL 33196	
D DAYE, RICHARD F. 6404 Mayo Street		Hollywood, FL 33023	
D A _I			pt. 611
SIMPSON, BARBARA M. 18700 NE 3rd Cou			
ALMADOVAR, BERNICE A. 182 NW 95th Street Miami Shores. FL 33150			
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/25/08 786-237 Date Daylime Phone #			
			