PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR -5 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000003132

1. Corporation Name
COVENANT COMMUNITY FELLOWSHIP MINISTRIES INC.

2. Principal Office Address	**3.** Mailing Office Address
8641 N.W. 52 STREET	P.O. BOX 5171
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL FL	City & State: FORT LAUDERDALE FL
Zip: 33351 Country: US	Zip: 33310 Country: US

4. Date incorporated or Qualified To Do Business in Florida: 07.06.1993

5. FEI Number: 650209493 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOHN GORDON

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*****52.50 *****52.50

Street Address (P.O. Box Number is Not Acceptable): 8641 N.W. 52 STREET

Suite, Apt. #, Etc.:

City: LAUDERHILL State: FL Zip Code: 33351

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 _____ Date: 4.4.02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	JOHN GORDON (REV)	8641 N.W. 52 STREET	LAUDERHILL FL 33351
D.	ANDREW GORDON (REV)	2800 NW 56 AVENUE APT. B201	LAUDERHILL FL 33313
S/D	ANDREA JOLLY	3351 SOUTH PALM AIRE DR. APT 108	POMPANO BEACH FL 33069
T/D	AUBREY FREDERICKS	8056 N.W. 46th AVENUE	LAUDERHILL FL 33313
V/D	LINDA GORDON	8641 N.W. 52 STREET	LAUDERHILL FL 33313

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: _____ 4.4.02 (954) 818-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #