PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JAN -5 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001232

1. Corporation Name
Onesiphorus Gospel of Christ Inc

REINSTATEMENT 06-11

700189670377
01/05/11--01009--004 **551.25

X15

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
613 oregon ave	1506 olive St
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Lakeland fl.	City & State: Lakeland fl.
Zip: 33815 Country: Polk	Zip: 33815 Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: Leo E. Dempsey Sr.
Street Address (P.O. Box Number is Not Acceptable): 613 Oregon ave.
Suite, Apt. #, Etc
City: Lakeland State: FL Zip Code: 33815

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: Leo E. Dempsey Sr. Date: 01-05-2011
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
PD	Leo E. Dempsey Sr.	613 oregon ave	Lakeland fl. 33815
TD	Leo E Dempsey J.	"	"
SD	may Dempsey	" " ,	" " "
CD	Kimberly Bown	2429 NW55 terr	lauderhill 33313
VCD	Dawn McGriff	704 Conyers St.	Havana fl. 32335
D	Sophia Jackson	613 oregon ave	Lakeland fl. 33815

10. **E-mail Address:** leo1pem@aol.com.
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Leo E. Dempsey Sr. 01-05-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #