## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| PERSENCE OF THE PROPERTY OF THE PERSON OF TH |   |   |  |   |  |
|--|---|---|--|---|--|
| CORPORATION REINSTATEMENT  | FLORIDA DEPART<br>Secretary<br>DIVISION OF CO | of State  |  | FILED 09 HAY -7 PM 2: 28                    |  |
| DOCUMENT # N9H00000H7H1  |   |   | GEORGE TARY OF STATE<br>TARLAHASSEE, PLORIDA   |   |  |
| 1 Comparation Name   |   |   |  | THUANASCA                                   |  |
| Edlise Evangelique Baptiste<br>Philadelphie, INC. or   |   |   |  |   |  |
| thiladelPhia Ex  | 1. Baptist                                    | -church, In                                       | ر. 10<br>10 مار  | 00155622581<br>/0901011024 **358.75         |  |
| 2. Principal Office Address - No P.O. Box#  3. Mailing Office Address  1000 N.W. 111 Street  1000 N.W. 111 Street  |   |   |  |   |  |
| Suite, Apt. #, etc.  |   | DEINGIAI PRIEMI O C                               |  |   |  |
|  |   |   | Date Incorporated or Qualified     To Do Business in Florida                               |   |  |
| City & State   | City & State                                  | A State   |  | Applied For                                 |  |
| Zip Country Zip  |   | Country   | 6. S8.75 Additional Fee required   |   |  |
| 33168 U.S. 33168 U.S.  |   | 11,5  | CERTIFICATE OF STATUS DESIRED L  |   |  |
| 7. Name and Address of Current Registered Agent  |   |   |  |   |  |
| Amos Jean  |   |   | The reinstatement fee is imposed, except in circumstances which the entity did not receive |   |  |
| Street Address (P.O. Box Number is Not Acceptable)  ALEN LE  |   |   | the prior notices. By checking this box, you   |   |  |
| Suite, Apt. #, Etc.  |   |   | are certifying the prior notices were not received and requesting the reinstatement        |   |  |
| City   |   | State Zip Code                                    | fee be   | waived.                                     |  |
| Miami  |   | FL 33168  |  |   |  |
| 8. I, being appointed the registered agent of the above raffed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  |   |   |  |   |  |
| Signature of Registered Agent Date 5 H 09  |   |   |  |   |  |
| 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 Director  | s   | Street Address of Each<br>Officer and/or Director |  | City / State / Zip                          |  |
| D Florestal 6  | eonel 1130                                    | N.W. III  | Ver.   | Miami FL. 33168                             |  |
| D Tosabh L   | e onel 1036                                   | 5 N) N), 120                                      | o Street   | Migmi FL. 33168                             |  |
| DE   | 101150  | السرك دري   | · ·  |   |  |
| D Fernando   | Mandy 150                                     | HI DOUTH I  | liver Dr   | 1 1 1 1 1 1 1                               |  |
| D Bernida J.   | Elius H20                                     | 1 Adams   | 5tree  | HOLLYWDOD HILL, H. 33                       |  |
| D Chrisner F   | = lius Hac                                    | of Adoms  | Sheet  | Hollywood Hills. FL. 350                    |  |
| P Amos Te  | 220 146                                       | ), N.), IAD.                                      | 5th Aven   | Miami Fh. 33/68                             |  |
| 10. I certify that I am an officer or director or the receiver or rustee 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 ellminated, 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: MO  | RINTED NAME OF SIGNING OFF                    | os Jean   | ) 5 H  | 09 (305) 773 - 2192<br>Date Daylime Phone # |  |
|  |   |   |  | _1  |  |