

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>  <b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<b>FILED</b> 2007 APR 25 AM 10:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500102235975 05/14/07--01008--007 **\$1.75	
<b>DOCUMENT #</b> N 96 000001277			
<b>1. Corporation Name</b> CORNER Stone Church of God in Christ Inc. Non-Denominational			
<b>2. Principal Office Address - No P.O. Box #</b> 6351 Raw-Hyde trail N. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 6351 Raw-Hyde trail N Suite, Apt. #, etc.	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> JACKSONVILLE, FL	
<b>Zip</b> 32210	<b>Country</b> Duval	<b>Zip</b> 32210	<b>Country</b> Duval
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		<b>5. FEI Number</b> 59-3457953 <b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status		<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> Cecil Spikes <b>Street Address (P.O. Box Number is Not Acceptable)</b> 6351 Raw-Hyde trail North <b>Suite, Apt. #, Etc.</b> <b>City</b> Jacksonville <b>State</b> FL <b>Zip Code</b> 32210			
<b>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.</b> <b>Signature of Registered Agent</b> <b>Date</b> 4/23/07 REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Sec.	Louise b. Smith	8985 Normaddy Blvd #179	Jax FL 32221
ASP	SPikes, Napoleon	6351 Raw-Hyde trail N	Jax FL 32210
D	White, Lavetta	5334 Shannon Ave	Jax FL
D	Spikes, Leon	7534 J.F.K. Dr. West	Jax FL 32219
YD	Spikes, Napoleon	5334 Shannon Ave	Jax FL
YP	Spikes, LA Ron	8985 Normandy Blvd #179	Jax FL 32210
<b>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 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.</b> <b>SIGNATURE:</b> <b>Pastor</b> 4/23/07 904-764-0691 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>			