PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
		y of State orporations		B FEB -6 PM 2: 56
DOCUMENT # MQ Q D D D D D 1948 1. Corporation Name (5. Chapter of the control o				
1. Corporation Name PENTECOS Fal TEMPLE Church of F Daycoods				
GOD IN Christ INC. of Pensacola				:
2. Principal Office Address - No P.O. Box# 6550 N. PAIAFX S				CR2E081 (12/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorp	orated or Qualified ness in Florida March ((March)
ty a state Pensacola Florida Pensacda Florid		2 Lorida	To Do Business In Florida March 99 (Murch) 5. FEI Number 59-2368294 Not Applicable	
32503 Escambia	^{ZIP} 32523	Escamba	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				
Name A N Volume S O			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.	
John D. Youke Sp., Street Address (P.O. Box Number is Not Acceptable)				
8346 Sunny Acres Lane				
Suite, Apt. #, Etc.				
civ Pensacola	Pensacola State Zip Code FL 32514			
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 John W. Molling Sr.				Date 2/1/08
RÉGISTERED 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 Street Address of Each City Chat / 7 in				
	Name of Officers and/or Directors			City / State / Zip
PD John D. YOUNG ST.		8346 Sunay Acros Pensacola 7t 3231		Pensacola 7L 32514
T LARRY J. YOUNG A		4495 CESSNUCK DRIVE Pansacola 76 32514		
D Doris Young	831	8346 Sunny Acres LN Ponsacola 7L 32514		
D Withelmina Lowis		4600 Tun oaks Dr. Agiti Pensacola 7L 32506		
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13 4 1/ 08 7001118345077 02/19/0801045015 **70.00				
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 cath. SIGNATURE: ### SIGNATURE: #### SIGNATURE: ###################################				
, SÍGNÁTURE AND TYPEÓ OR FRINTED MÁME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #				