PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -3 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001544

1. Corporation Name
FIL-AM CHRISTIAN FELLOWHSIP INCORPORATED

2230 N HAVERHILL RD
2230 N HAVERHILL RD

REINSTATEMENT 2004

2. Principal Office Address	3. Mailing Office Address
2230 N HAVERHILL RD	2230 N HAVERHILL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FLORIDA	City & State: WEST PALM BEACH FLORIDA
Zip: 33417 Country: USA	Zip: 33417 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650656645 ☐ 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: REV DR JAMES CL CRAFT

Street Address (P.O. Box Number is Not Acceptable): 783 RYANWOOD DR

Suite, Apt. #, Etc.:

City: WEST PALM BEACH FLORIDA State: FL Zip Code: 33413

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: James C Craft Date: 11/01/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	ROMY GENSOLI	127 SHERWOOD DR	ROYAL PALM BEACH FL 33411
D	HONEYLITO SIMON	127 ROYAL PINE CIRCLE	ROYAL PLAM BEACH FL 33411
D	REV JAMES CRAFT	783 RYANWOOD DR	WEST PALM BEACH FL 33413

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11/03/04--01058--003 **245.00

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 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: JAMES C. CRAFT James C Craft 11/01/04 (561)616-8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #