PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 19 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005848

1. Corporation Name
Apostolic Church of Jesus Christ, Inc.

Principal Place of Business

Mailing Address
P.O. Box 382195
Mia, Fl 33238-

REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 11-12-96

5. FEI Number
✓ Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Henry Rocher	13925 NE 6th Av #304	N. Mia, Fl 33161
S	Feron Joseph	7400 NE 7th Ave #8	Mia, Fl 33150
T	Lerine Edouazin	13925 NE 6th Ave #304	N. Mia, Fl 33161
V/D	Olimmer Pierre	510 NW 129 St	Mia, Fl 33168
V/S	Meailhome Denis	14155 W. Dixie Hway #27	N. Mia, Fl 33161
V/T	Belony Jn Baptiste	13890 NE CT #23	N. Mia, Fl 33161

8. Name and Address of Current Registered Agent
HENRY ROCHER, DIRECTOR
13925 NE 6th Ave # 304
Miami, FL. 33161

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

300002530953--2
-05/21/98--01005--013
****297.50 ****297.50

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature]
REGISTERED AGENT MUST SIGN
Date 05-07-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 03-2-98
Daytime Phone #

CR2E040 (12/96)