PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02 UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 21 AM 8:01

DOCUMENT # N97000002136

1. Corporation Name

ASSEMBLY OF GOD OF SALEM CHURCH, INC.

Principal Place of Business	Mailing Address
2821 N.W. 15TH STREET FT LAUDERDALE FL 33311	2821 N.W. 15TH STREET FT LAUDERDALE FL 33311

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/1997

5. FEI Number: 65-0748192 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	MAJUSTE, MARIUS	2710 SOMERSET DR., #108	LAUDERDALE LAKES FL 33311
PD	ALTEMA, ANTOINE	728 NW 12TH ST, #2	FT LAUDERDALE FL 33311
SD	ALTEMA, ROCHENEL	5621 NW 14TH ST	LAUDERHILL FL 33313
VD	LOUIS, CLEMENT	2920 N.W. 56TH AVE., #B407	LAUDERHILL FL 33313
TD	GEORGES, WESNER	4391 N.W. 19TH ST.	LAUDERHILL FL 33313
D	MAJUSTE, MARCELES	1877 N.W. 42ND TERR., #212	LAUDERHILL FL 33313

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DUMEL, JACE 3430 NW 29TH ST LAUDERDALE LAKES FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 500009125895 11/21/02--01011--003 **61.25 City / State FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Marius Majuste SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-18-02 Marius Majuste

11. 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 REQUIRED Marius Majuste — 11-18-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #