## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State  DIVISION OF CORPORATIONS	03 JUN 13 PM 2:59
	000082993	SECRETARY OF STATE FALLAHASSEE, FLORIDA
Greater Apostle Faith Church Inc.		
		# 01-03
2. Principal Office Address  1711 5.W.Magnolia  Suite, Apt. #, etc.	3. Mailing Office Address  CO 70 Mallards Cone  Suite, Apt. #, etc.	
City & State	Apt 6-6 City & State	4. Date Incorporated or Qualified To Do Business in Florida  May 22 1997
Indiantow. Florida Zip Country 34936 Martin Co	Jupiter, Morida  Zip Country  33458 PAIN Beach	5. FEI Number 53 2 550 Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED D 335 Additional Georgeonical
34956 Murtin Co 33956 Palm Beach CERTIFICATE OF STATUS DESIRED 12 GOOGNITIES CONSTITUTION OF STATUS DESIRED 12		
Name Rother L. Pierce Sr.  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Jupiter FL  State Zip Code  FL  33458		
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 REGISTERED AGENT MUST SIGN  Date Output 8, 2003		
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
Paster Elder Rother f	lierce-T 6701 mailard (	one 6-0 Jupiter, F1.33458
Chairmen B. Pierce - Trustee 6727Mitchel St Jupiter, F1. 33458 Deacon Ernie B. Pierce - Trustee 6727Mitchel St Jupiter, F1. 33458		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #		