


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
05 MAR 16 AM 9:5  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT #N97000003506

1. Corporation Name *Grace PRIMITIVE Church of God,  
Inc.*

*W05-11676*

**REINSTATEMENT 02-05**  
11-12-02 01031 010 \$61.25  
05-28-02 91511 034 \$40.00

2. Principal Office Address <i>14722 NW 7 Avenue</i> Suite, Apt. #, etc.: <i>N.</i>		3. Mailing Office Address <i>14130 NW 5 Avenue</i> Suite, Apt. #, etc.	
City & State <i>Miami Fla.</i>		City & State <i>N. Miami Fla.</i>	
Zip <i>33168</i>	Country <i>Dade</i>	Zip <i>33168</i>	Country <i>Dade</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>6-17-97</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number <i>650770385</i>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>MARTIN Similien</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>14130 NW 5 Avenue</i>	
Suite, Apt. #, Etc.	
City <i>Miami Fla.</i>	State <b>FL</b>
	Zip Code <i>33168</i>

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 *Similien, Martin*  
REGISTERED AGENT MUST SIGN

Date *2-24-05*

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
<i>S.D.</i>	<i>VIERGELIE Similien</i>	<i>14130 NW 5 Avenue</i>	<i>N. Miami Fla 33168</i>
<i>T.D.</i>	<i>ANNA Similien</i>	<i>1145 NW 116 Street</i>	<i>Miami Fla 33168</i>
<i>V.D.</i>	<i>SAULIEN Luc</i>	<i>500 NW 117 Street</i>	<i>Miami Fla 33168</i>

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: *Viergelie Similien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-24-05-305688*  
Date Daytime Phone # *9240*

CR2E081 (01/05)