


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 29 PM 5:11	
DOCUMENT # <u>N97000006184</u>					
1. Corporation Name <b>BEREAN CHURCH OF GOD INTL INTERNATIONAL</b>					
2. Principal Office Address <u>P.O. BOX 7840</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. BOX 7840</u> Suite, Apt. #, etc.		REINSTATEMENT <u>98-07</u>	
City & State <u>PORT ST. LUCIE, FL</u>		City & State <u>PORT ST. LUCIE, FL</u>			
Zip <u>FL 34953</u>	Country <u>USA</u>	Zip <u>FL 34953</u>	Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>1997</u>	
5. FEI Number <u># 52-2166172</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>REV. EPHRAIM A. JACKSON</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>458 S.W. LUCERO DR.</u>					
Suite, Apt. #, Etc.					
City <u>PORT ST. LUCIE</u>				State <u>FL</u>	Zip Code <u>34983</u>
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 <u>X Ephraim A. Jackson</u> REGISTERED AGENT MUST SIGN				Date <u>X 10/04/01</u>	
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		
<u>D</u>	<u>REV. CHARLES E. RUBINSON</u>	<u>4241 N.W. 19TH STREET</u>	<u>FT. LAUDERDALE, FL 33313</u>		
<u>D</u>	<u>REV. CARLETON MILLER</u>	<u>217 MOUNTAIN BERRY RD</u>	<u>BRAMPTON, ON, CANADA L6R 1V3</u>		
<u>D</u>	<u>REV. EPHRAIM JACKSON</u>	<u>458 S.W. LUCERO DR.</u>	<u>PT. ST. LUCIE, FL 34983</u>		
<u>D</u>	<u>CLAUDINE ME CALLA</u>	<u>88 CORPORATE DRIVE SUITE 1609</u>	<u>TORONTO, ON, CANADA M1H 3G6</u>		
<u>D</u>	<u>REV. NEVILLE POWELL</u>	<u>831 ALABAMA AVE</u>	<u>FT. LAUDERDALE, FL 33312</u>		
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: <u>X EPHRAIM A. JACKSON</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>X 10-04-01</u> <u>(561) 878-0326</u> Date Daytime Phone #	

CR2E081 (9/00)