

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01-02 CORPORATION REINSTATEMENT UBR				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006720					
1. Corporation Name GEMMA G. SAMUEL MINISTRIES INC					
2. Principal Office Address 810 W RESIDENCE AVE Suite, Apt. #, etc. ALBANY GA City & State GA Zip 31701 Country			3. Mailing Office Address P.O. BOX 5773 Suite, Apt. #, etc. ALBANY City & State GA Zip 31706 Country		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida 1-9-97	
5. FEI Number 65-0797771	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name GEMMA G. SAMUEL	
Street Address (P.O. Box Number is Not Acceptable) 810 W RESIDENCE AVENUE	
Suite, Apt. #, Etc. ALBANY	
City GA	State FL
Zip Code 31701	

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 Gemma G. Samuel REGISTERED AGENT MUST SIGN	Date 3-7-2002

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
SEC.	WILLIE MAE BAILEY	4431 NW 74 DR.	MIAMI, FL 33055
Pres	GEMMA G. SAMUEL	810 W RESIDENCE AVE.	ALBANY GA 31701
V. PRES.	RUDOLPH BARBER	1411 NW 175 STREET	MIAMI, FL 33169

UBR Returned

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: Gemma G. Samuel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3-7-2002 Daytime Phone #