

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:48

DOCUMENT # *N98000001669*

1. Corporation Name

*LATTER RAIN CHURCH OF CHRIST
APOSTOLIC, INC.*

REINSTATEMENT *02-05*

2. Principal Office Address

6385 ROYAL TERN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

6385 ROYAL TERN ST.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32810

Country

USA

Zip

32810

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/1998

5. FEI Number

332402035

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

EASTON CLARKE

Street Address (P.O. Box Number is Not Acceptable)

6385 ROYAL TERN STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *5/27/05*

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>Pres. Officer</i>	<i>EASTON CLARKE</i>	<i>6385 ROYAL TERN STREET</i>	<i>ORLANDO, FLORIDA 32810</i>
<i>D</i>	<i>JOEL WHITE</i>	<i>6244 WESTON LANE CT.</i>	<i>ORLANDO, FLORIDA, 32810</i>
<i>D</i>	<i>DAREEN BROWN</i>	<i>725 ALFRED DR.</i>	<i>Orlando FLORIDA 32810</i>
<i>D</i>	<i>KENRY BROWN</i>	<i>725 ALFRED DR</i>	<i>Orlando, Florida 32810</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:

[Signature] *JOEL WHITE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/05 *407-765-7564*

Date

Daytime Phone #