PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TELEVISION NECTION OF THE OTHER									SECRET FILED	
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			tate		SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB 28 PM 2: 32	
DOCUMENT # N9800005324 1. Corporation Name										
SHINING LIGHT CHURCH OF GOD IN CHRIST, INC								60 02/28	00119042286 8/0801032005 **358.75	
									OTATEMENT / (V	
2. Principal Office Address - No P.O. Box # 3. Mailing Of					ffice Address			Kein	ISTATZMENT_06-OY,	
1106 - 7	71ST STR	(EET F	EAST	1106 - 719	106 - 71ST STREET EAST				CR2E081 (12/07)()	
Suite, Apt. #	≠, etc.			Suite, Apt. #, e	etc.			<u> </u>	(1601-10	
				<u> </u>					porated or Qualified : siness in Florida 09/17/1998	
City & State Cit				City & State	•			5. FEI Numbi	5. FEI Number Applied For	
RUBONIA, FL				RUBONIA, FL				65-0866764 Not Applicable		
Zip	ŀ	Countr	•	Zip		Country		6.	CERTIFICATE OF CTATUS DESIDED 30.75 Additional Fee required	
34221	34221 USA 34				34221 USA			OEISTI IC. (),	for a Certificate of Status	
Name		7. Na	me and Address of	Current Regist	ered Agen	ıt		4_		
	AL HEND	RIEX						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you		
Street Add	iress (P.O. Bo	ox Numbe	er is Not Acceptable)	j						
507 - 57TH AVENUE EAST							are certifying the prior notices were not			
Suite, Apt. #, Etc.							received and requesting the reinstatement fee be waived.			
city BRADE				State Zip Code 34203				waived.		
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 C. H. H. A. S.										
Registered Agent REGISTERED AGENT MUST SIGN									Date	
9. Names	and Street A	\ddresse:	s of Each Officer and	1/or Director (Flo	rida nonpro	ofit corpe	orations must list at	least 3 directors)	-	
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			ch	City / State / Zip	
D. P.	KATHY CLEMONS				729 - 19TH STREET EAST			Т	PALMETTO, FL 34221	
D. T.	LOLA HENDRIEX				1024 - 71ST STREET EAST			ST	RUBONIA, FL 34221	
S.	KENWATTA JOHNSON				1107 - 71ST STREET CT. EAST			EAST	RUBONIA, FL 34221	
D.	LOUIS MURRELL				1411 - 71ST STREET EAST			ST	RUBONIA, FL 34221	
D.	PRIME MILEY III				6000 D. LYNN LAKE DR. S.			S.	ST. PETERSBURG, FL 33712	
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 contained in Chapter 119, 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: KATHY CLEMONS
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR