PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 28 PM 2:07

DOCUMENT # N99000005510

REINSTATEMENT 00-02

1. Corporation Name

OCHOSI YORUBA CHURCH INC

2. Principal Office Address	3. Mailing Office Address
3840 S.W. 129 AVE	3840 S.W. 129 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLA	City & State: MIAMI, FLA
Zip: 33175 Country: U.S.A	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0951052 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee (if applicable)

7. Name and Address of Current Registered Agent

Name: ANDRES SUAREZ

Street Address (P.O. Box Number is Not Acceptable): 3840 S.W. 129 AVE

Suite, Apt. #, Etc.:

City: MIAMI, FLA 33175 State: FL Zip Code:

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****358.75 ****358.75

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: X [signature] Date:
REGISTERED AGENT MUST SIGN

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
D	ANDRES SUAREZ	3840 S.W. 129 AVE	MIAMI, FLA 33175
D	ELSA C. SUAREZ	3840 S.W. 129 AVE	MIAMI, FLA 33175
D	ANDRES SUAREZ JR	3840 S.W. 129 AVE	MIAMI, FLA 33175

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #