PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 15 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006586

1. Corporation Name

EBENEZER COMMUNITY CHURCH

W02 — 0391

REINSTATEMENT
06-02

2. Principal Office Address
16924 SW 119 PL
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip 33177 Country DADE

3. Mailing Office Address
P.O. Box 462
Suite, Apt. #, etc.

City & State
Goulds FL
Zip 33170 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 11/2/99

5. FEI Number _____ | Applied For
X 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 LEROY BROWN, JR.
Street Address (P.O. Box Number is Not Acceptable)
16924 SW 119 PLACE
Suite, Apt. #, Etc.

City MIAMI | State FL | Zip Code 33177

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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 _____ REGISTERED AGENT MUST SIGN

Date 3/10/02

CR2E081 (9/00)

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
P(D)	LEROY BROWN, JR.	16924 SW 119 PL MIAMI, FL 33177	MIAMI, FL 33177
S/T(D)	CYNTHIA BROWN	16924 SW 119 PL	" " "
V(D)	ERROL STEWART	12030 SW 177 TR	MIAMI, FL 33177

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: _____ Leroy Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02 (305) 233-6930
Date Daytime Phone #