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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 NOV 30 PM 1:01

DOCUMENT # N98000007121

1. Corporation Name TABERNACLE OF THE MOST HIGH.

2. Principal Office Address 7198 NW 48 CT

3. Mailing Office Address 7198 NW 48 CT.

Suite, Apt. #, etc.

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City & State LAUDERHILL

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Zip 33319 Country United States

Zip 33319 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0881135

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DeBorah Paul

Street Address (P.O. Box Number is Not Acceptable) 7198 NW 48 CT

Suite, Apt. #, Etc.

City LAUDERHILL

State FL

Zip Code 33319

500059906305 09/26/05--01002--019 **70.00

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 DeBorah Paul REGISTERED AGENT MUST SIGN

Date Sept. 15, 2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Emanuel Paul (President), Daisy J. Davis (Secretary), and Shaneshia Charlton (Sec.).

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: DeBorah Paul - DEBORAH PAUL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/2005 954-741-8683 Date Daytime Phone #

CR2E081 (01/04)

N9800000 7121

Sept 15, 2005
7198 NW48 CT
Lauderhill, FL 33319

Attention: Mrs Patricia Bailey

I had spoken to you over a month ago, after receiving a notice to dissolve the above corporation, via our phone conversation, I'm enclosing \$ 70.00 to cover the check that had been return by our bank. Due to the fact that my husband works across him around the country, I never got the letter until July late ending of month. Again we had to be away;

Enclose is \$ 70.00 Check.

Debit Memo. # 54354-B

Document # N9800000 7121

Contact numbers

24 #2 (954) 465.1331

(954) 741.8683

Thank you and I hope I can get this matter cleared immediately

Pastor D. [Signature]