

REINSTATEMENT

STAFP

| 1. Entity ID Number: | 2. The name of the enti | ty is: | | | |
|---|--|---------------------|----------|-----------------|------|
| 69107 | CHURCH OF PENTECOST INC; RHODE ISLAND ASSEMBLY | | | | |
| 3. Date of Revocation: | 4. Reason for Revocation: | | | | |
| 04/18/2018 | Annual Report | | | | |
| 5. Entity Type. | | | | | |
| Non-Profit | | | | | |
| 6. The reinstatement includes: | | | | | |
| ✓ Annual Reports (# of reports | s) 2 | (report filing fee) | \$ 20.00 | Total Fees \$ 4 | 0.00 |
| Penalty fees (# of years) | 1 | (penalty fee) | \$ 25.00 | Total Fees \$ 2 | 5.00 |
| Replacement filing fee | \$ | | | | |
| LOGS (Tax Good Standing) | | | | | |
| Legislative Act/Court Order | | | | | |
| Change of Agent Form (filing fee) \$ | | | | | |
| Change of Registered Office Form - NO FEE | | | | | |
| Certificate of Correction | | | | | |
| Amendment (name change | required) | | | | |
| | | | | | |
| 7. The reinstatement is accompa | anied by: | | | | |
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