

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **716786**

1. Corporation Name
CROOMS TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business Mailing Address
2090 N W 151ST STREET 2100 NW 154TH STREET
OPA-LOCKA FL 33054 OPA LOCKA FL 33054
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED
 02 APR 29 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 06/25/1969 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0282328 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| PD | CROOMS, OLIVER | 2100 NW 154TH STREET | MIAMI FL |
| D | PERKINS, ADDIE | 16430 NW 19TH CT | MIAMI FL |
| D | KING, MARTHA | 15901 NW 22ND COURT | MIAMI FL |
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REINSTATEMENT 01-02

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|--|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| CROOMS, OLIVER 2100 NW 154TH STREET OPA-LOCKA FL 33054 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Oliver Crooms* REGISTERED AGENT MUST SIGN Date 4-18-02

11. 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: *Oliver Crooms* **OLIVER CROOMS** 12/29/01 305-6875937
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)