

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716786**

1. Corporation Name

CROOMS TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

2090 N W 151ST STREET
OPA-LOCKA FL 33054
US

2100 NW 154TH STREET
OPA LOCKA FL 33054

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/25/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0282328

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$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
✓	Ronald C Rooms	16120 NW 18 th PL	MIAMI, FL 33054
			100025905361 12/31/03--01068--022 **236.25

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. or 617.0505, F.S.

Signature of Registered Agent

Oliver Crooms SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-29-03

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 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-03

Date

(305) 687-3937
Daytime Phone #

CR2E040 (7/03)