

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 14 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 760471

1. Corporation Name

Beverly Hills Church of God, Inc.

2. Principal Office Address

9113 Ridge Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

9113 Ridge Blvd

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1981

5. FEI Number

592788094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fees Required  
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev. JOHNNY A. LEGONS

Street Address (P.O. Box Number is Not Acceptable)

2820 HAMILTON CIRCLE

Suite, Apt. #, Etc.

City

JACKSONVILLE

200077788532  
07/20/06 01000 014 \*\*\*5805  
State Zip Code  
FL 32209

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

JOHNNY A. LEGONS  
REGISTERED AGENT MUST SIGN

Date 7/12/06

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	Rev. JOHNNY A. LEGONS	2820 Hamilton Circle	JACKSONVILLE, FL 32209
VTD	Willie SPANN	2573 MINDOSA Circle	JACKSONVILLE, FL 32209
D	CARL BRADFORD	8819 Camphor Drive	JACKSONVILLE, FL 32208
D	LINCOLN B. ALEXANDER SR	11626 Br. Jags Rd	JACKSONVILLE, FL 32218
D	THOMAS GILLEM	3437 Tarpon Drive	JACKSONVILLE, FL 32217
D	ERNEST HALL, SR.	2421 LANTANA AVE	JACKSONVILLE, FL 32209

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 contained in Chapter 119, 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:

JOHNNY A. LEGONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/06

Daytime Phone #