PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:13

DOCUMENT # **N00000004065**

1. Corporation Name

INTOUCH MINISTRIES CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
4200 NW 36TH WAY LAUDERDALE LAKES FL 33309	4200 NW 36TH WAY LAUDERDALE LAKES FL 33309

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

REINSTATEMENT 01
01-30-01 90064 019 $61.25

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1951 LYONS ROAD	1951 LYONS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK, FL33063	City & State: COCONUT CREEK, FL33063
Zip / Country: USA	Zip / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/2000

5. FEI Number: 65-1017556 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JORDAN, MERVYN C	4200 NW 36TH WAY	LAUDERDALE LAKES FL 33309
D	JORDAN, ROGER K	4200 NW 36TH WAY	LAUDERDALE LAKES FL 33309
D	RODNEY, FITZ	2691 NW 21ST COURT	FORT LAUDERDALE FL 33311

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-11/14/01--01019--017
****175.00 ****175.00

8. Name and Address of Current Registered Agent

JORDAN, MERVYN C
4200 NW 36TH WAY
LAUDERDALE LAKES FL 33309

9. Name and Address of New Registered Agent

Name: JORDAN, MERVYN C
Street Address (P.O. Box Number is Not Acceptable): 1951 LYONS ROAD
Suite, Apt. #, Etc.:
City: COCONUT CREEK, State: FL, Zip Code: 33063

CR2E040 (8/01)

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 _____ Date 9/20/01
REGISTERED AGENT MUST SIGN

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: _____ 9/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #