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 19 AM 9:48

DOCUMENT # **N94000003753**

1. Corporation Name

FAITH CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
1611 N.W. 38TH AVENUE LAUDERHILL FL 33313	1611 N.W. 38TH AVENUE LAUDERHILL FL 33313

REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **07/28/1994**

5. FEI Number: **65-0524676** ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PARKES, KEITH	13784 69 ST N	WEST PALM BEACH FL 33412
STD	PARKES, MARJORIE	13784 69 ST N	WEST PALM BEACH FL 33412
D	BINGHAM, HUBERT DELETE	1611 N.W. 38TH AVENUE	LAUDERHILL FL 33313
C	BINGHAM, YVONNE DELETE	1611 N.W. 38TH AVENUE	LAUDERHILL FL 33313
S	DUNBAR, CAROLE	1611 NW 38 AVE	LAUDERHILL FL 33313
MD	KNIGHT, SHARON	1611 NW 38 AVE	LAUDERHILL FL 33313

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PARKES, MARJORIE 13784 69TH ST N WEST PALM BEACH FL 33412	Name Street Address (P.O. Box Number is Not Acceptable) 10/31 Suite, Apt. #, Etc. City / State: FL / Zip Code

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: Marjorie Parkes — REGISTERED AGENT MUST SIGN

200004661222--0
-10/31/01--01058--001
Date ****236.25 ****236.25

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: KEITH PARKES — 10-15-2001 — (954) 739-0934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #