

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N98000001845**

1. Corporation Name

**CHURCH OF GOD ALLIANCE PRIMITIVE, INC.**

Principal Place of Business

Mailing Address

750 ORANGE BLOSSOM TRAIL ROOM 137  
 ORLANDO FL 32805

750 ORANGE BLOSSOM TRAIL ROOM 137  
 ORLANDO FL 32805

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

03/31/1998

SP

5. FEI Number

INC. 59-3508147

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
D	MARIE, STERLING A	512 SUNSET DRIVE	ORLANDO FL 32805
D	<del>DIENNONNE, PIERRE</del> FEREL Beljour	512 SUNSET DRIVE 3074 C.R Smith	ORLANDO FL 32805 Orlando Fl. 32803
D	JULIEN, MARIE ROSENE	5710 KINGSGATE DRIVE	AR
			300003072923--7 -12/16/99--01067--010 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARIE, STERLING A  
 512 SUNSET DRIVE  
 ORLANDO FL 32805

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Marie Sterling*  
 REGISTERED AGENT MUST SIGN

Date

10-28-99

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:

*Marie Sterling*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-99

Daytime Phone #

FILED

99 NOV 29 PM 4:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR2000 (8/99)