

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAR -1 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **712504**

**1. Corporation Name**

The 13th Street Church of God, Inc.

**2. Principal Office Address**

1902 N. 13th Street

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34950

Country

St. Lucie

**3. Mailing Office Address**

P. O. Box 2551

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34947

Country

St. Lucie

**REINSTATEMENT**

**97-100**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/29/67

**5. FEI Number**

650476578

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Rev. John T. Archer

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

1506 Barcelona Avenue

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34946

**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

*Rev John T Archer*  
REGISTERED AGENT MUST SIGN

Date **2-25-00**

**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. John T. Archer	1506 Barcelona Avenue	Ft. Pierce, FL 34946
V/D	Charles Flagg	1216 Avenue G	Ft. Pierce, FL 34950
D	Raymond Gordon	2309 Avenue E	Ft. Pierce, FL 34950
S	William Adderly	2401 San Marcos Avenue	Ft. Pierce, FL 34946
			<b>KE</b>

**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 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:**

*Rev John T Archer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John T. Archer, President/Director

Date

Daytime Phone #

**2-25-00** 561-461-9242