

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 AUG 13 PM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768617

1. Corporation Name

CATHEDRAL OF PENTECOST, INC.

Principal Place of Business

Mailing Address

2248 Mears Parkway
Margate, FL 33063

760100017226

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

2. New Principal Office Address, If Applicable

5500 Pine Island Rd.

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

3. New Mailing Office Address, If Applicable

5500 Pine Island Rd.

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05-25-1983

5. FEI Number

59-2290885

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	DAVID T. ELMS	12909 NW 23 rd St.	Pembroke Pines, FL 33026
S	MELANIE ELMS	12909 NW 23 rd St.	Pembroke Pines, FL 33026
T	SUSAN LESAGE	1302 SW 178 WAY	PEMBROKE PINES, FL 33029
D	MARTY SALAMIDA	11061 SW 30 COURT	DAVIE, FL 33328
D	EDDIE LEONARD	1521 CATHEDRAL DRIVE	MARGATE, FL 33063

8. Name and Address of Current Registered Agent

DAVID T. ELMS

6456 ROCK BEAUTY TERRACE

MARGATE, FL 33063

9. Name and Address of New Registered Agent

DAVID T. ELMS

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

12909 NW 23rd Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33026

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

Rev. David T. Elms

REGISTERED AGENT MUST SIGN

Date

7-23-01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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. David T. Elms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-01

Date

RW
434-0405

Daytime Phone #

CR2001 (12/99)

Charter Number Only

VALIDATION ONLY

7/25/01 Susan LeSage

Cathedral of Pentecost

Requestor's Name

5500 Pine Island Rd.

Address

Davie, FL 33328

City

State

ZIP

Phone

(904) 434-0405

CORPORATION(S) NAME

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 JUL 23 AM 8:58

TO AGENCY
SUFFICIENCY OF FILING

Cathedral of Pentecost, INC.

() Profit
() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

(X) Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

(X) Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028



I'M HERE!

TELECOPIER TRANSMITTAL FORM



Empire

2444 NW 7 Place

Miami, Florida 33127

Telephone: (305) 634-3694

Fax: (305) 633-9696

(800)432-3028

Date: 8-6-01

Number of Pages: 2
Including Transmittal Form

To: DAM

Fax: 434-5720

Phone: _____

Time: _____

From: Berginda

Regarding: _____

Description of Document Transmitted: _____

Remarks: _____