

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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.

2. New Principal Office Address, If Applicable

1951 LYONS ROAD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1951 LYONS ROAD

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL 33063

Zip

Country

USA

City & State

COCONUT CREEK, FL 33063

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
			300004677983--8 -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, FL  
State  
FL  
Zip Code  
33063

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

REGISTERED AGENT MUST SIGN

Date 9/20/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/20/01 Daytime Phone #