

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV -9 AM 9:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004064

1. Corporation Name

Dominion Worship Ministries Church of God, INC.

200213744082
10/27/11--01032--003 **236.25

2. Principal Office Address - No P.O. Box #

4016 12th Ave So

Suite, Apt. #, etc.

3. Mailing Office Address

4016 12th Ave So

Suite, Apt. #, etc.

City & State

St Petersburg

City & State

St-Petersburg

Zip

33711

Country

USA

Zip

33711

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida **1955**

5. FEI Number

20-2331452

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

Lula M. Benjamin

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

608 12th Ave South

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33701

REINSTATEMENT 10-11

200213744082
11/09/11--01024--003 **70.00

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

Lula M. Benjamin
REGISTERED AGENT MUST SIGN

Date

10/23/11

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	Pastor Roy C. Freeman	623 12th Ave South	St Petersburg, FL 33701
T	Clerk Lula M. Benjamin	608 12th Ave So	St Petersburg, FL 33701
A	Deacon Ruben Howard	2600 Pinellas Pt. Dr.	St Petersburg, FL 33705

10. E-mail Address: **Dominion Worship COG-Verizon.net**

(To be used for future annual report notification)

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, I further certify, 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:

Lula M. Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/11

Daytime Phone #