

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 MAR 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703514**

1. Corporation Name

Church of God in Spirit Inc.

2. Principal Office Address

121 N.W. 30th Ave.

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

Zip

33069

Country

USA

3. Mailing Office Address

101 N.W. 30th Ave

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33069

Country

REINSTATEMENT

74-00

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

1-25-62

5. FEI Number

☒ 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

Robert M. Penn

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

101 N.W. 30th Ave

Suite, Apt. #, Etc.

Pompano Bch.

State
FL

Zip Code

33069

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

Robert M. Penn

REGISTERED AGENT MUST SIGN

Date *3-13-2000*

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
President	Prophet R.T. Penn	101 N.W. 30th Ave.	Pompano Bch, FL 33069
VICE President	Robert M. Penn	101 N.W. 30th Ave	Pompano Bch, FL 33069
Secretary	Estella Golfin	121 N.W. 30th Ave	Pompano Bch, FL 33069
			3000003166693--3 -03/13/00--01071--001 ***1890.00 ***1890.00

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:

Robert M. Penn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2000

Date

954-972-5734

Daytime Phone #