	PLEAS	SE READ	ALL INS	TRUCTION	S BEFORE (QOMPLET	TING THIS FORM	1.	
APPLICATION FLORI FOR ON REINSTATEMENT					•	FILED			
DOC	UMENT # 7	0%348		we	7 -400			*	
1. Corporation Name THE CHURCH OF GOD OF THE						98 JAN 16 AM 9: 17			
	4245	South	MEST	56 M	AVE.		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	lace of Business	LAUDEL	DALE Mailing Add	FL 371) 17			LIFLORIDA	
	5 Southwest Lroder Da		r -	7011 N	n 48cs				
P3.	CHODENDA	soft s	7	LAUD EAHIL FL3334		REINSTATEMENT 49,			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						1/10_			
					, п Аррисаоте	4. Date Incorporated or Qualified To Do Business in Florida 10 ~29 ~ 1963			
				e, Apt. #, etc. & State			5. FEI Number Applied For		
Zip Çountry			Ziρ	Cou	ntry	6. CERTIFICATE OF STATUS DESIRED V S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of E	WKLD ach Officer and/o	333 or Director (Flo	orida nonprofit corp	orations must list at lea	ļ	TE OF STATUS DESIRED	for a Certificate of Status	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / 8	State / Zip	
\mathcal{Q}	LEONALD DUPORT			7899 NW Y8 CT			LAUDER HIL	LFL 33319	
Ŋ	THURMAN HAYES			277/ NW 38 TEM.			LAU DEN BAL	E LANS 33913	
D	D LAWRANCE ROBERT			1710 NN 36 M			VE FT. LANDEADAIR, 3231/		
						4	0000240(-01/21/98 ****500.00	5 7544 -01074001 *****500.00	
						4	00002406 -01/21/98 ****173.79	-01074002	
	8. Name and Addr	ess of Current R	egistered Age	ent	9. Name and Address of New Registered Agent Name				
						Street Address (P.O. Box Number is Not Acceptable)			
						JW Y8	is Not Acceptable)		
					City Launes	LHKL	Stat.		
	appointed the registered	agent of the abov	e named corpo	ration, am familiar	with and accept the ob	oligations of Sect	ion 607.0505, F.S.	_	
Signature of Registered /	Age Typoner	REC	ITTERED AG	ENT MUST SIGN		**	Date 1/3/1/	 .	
11. Do De	es this corpora pt. of Revenue	tion pay ai under S. 1	ny intang 99.032,	jible tax to t Florida Sta	he tutes. Yes] No[de for information ngible tax.)	
12. I certify t this reins owed by	that I am an officer or dire statement application, the the corporation have bee pplication is true and accu	ctor or the receive reason for dissolun paid and the na rate, and my sign	r or trustee en lion has been mes of individ ature shall hav	npowered to execut eliminated, the cor uals listed on this fo	te this application as proporate name satisfies to form do not qualify for a ffect as if made under	rovided for in cha the requirements an exemption und oath.	apter 807 or 617, F.S. I further of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	MO1 FS that all fone	
SIGNAT	· · · · · · · · · · · · · · · · · · ·	LO DUP		Zeon	my y	your	1/3/98 4	748-6247	