

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

04 JUL 22 AM 9:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 706343

1. Corporation Name

THE CHURCH OF GOD OF THE LORD JESUS CHRIST, INC

Principal Place of Business

Mailing Address

4225 SOUTHWEST 56 AVENUE  
 FT. LAUDERDALE FL 33314

7099 NW 48 COURT  
 LAUDERHILL FL 33319



REINSTATEMENT 00-04

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

4. Date Incorporated or Qualified To Do Business in Florida

10/29/1963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DUPONT, LEONARD	7099 NW 48 COURT	LAUDERHILL FL 33319
<del>T</del>	<del>ROBERTS, LAWRENCE</del>	<del>1790 NW 36 AVE</del>	<del>FT. LAUDERDALE FL 33311</del>
T	DUPONT, MAMIE	7099 NW 48TH COURT	LAUDERHILL FL 33319
T	ROBERTS, JARLEAN	1790 NW 36 AVENUE	FORT LAUDERDALE FL 33311
T	DIEUJUSTE, ROSMAN C.	4890 W. OAKLAND PARK BLVD.	LAUDERDALE LAKES, FL 33333

200089439802  
 07/22/04--01057--003 \*\*490.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUPONT, LEONARD  
 7099 NW 48 CT.  
 LAUDERHILL FL 33319

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

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

*Leonard Dupont*  
 REGISTERED AGENT MUST SIGN

Date 7/17/04

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)(l), 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:

*Leonard Dupont* LEONARD DUPONT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/04  
 Date

954-748-6247  
 954-709-9534  
 Daytime Phone #

CR2E040 (8/00)