

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

'APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

97 NOV 10 PM 4:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 711459

1. Corporation Name
FIRST CHURCH OF GOD FORT LAUDERDALE, INC.

Principal Place of Business
 1242 NORTH ANDREWS AVENUE
 FT. LAUDERDALE FL 33311

Mailing Address
 1242 NORTH ANDREWS AVENUE
 FT. LAUDERDALE FL 33311



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09/09/1966**

5. FEI Number **59-2174094** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	HILLGOSS, JACK, REV.	3046 S. OAKLAND FOREST DR.	OAKLAND PARK FL
S	STRAIN, PATTY	1745 S.W. 81 TERRACE	DAVIE FL 33324
T	STRAIN, LARRY	1745 S.W. 81 TERRACE	DAVIE FL
VD	COODY, JONATHAN	1028 SW 149 TERR	SUNRISE FL
D	BRINCEFIELD, THOMAS	311 SW 11TH TERRACE	FT. LAUDERDALE FL 33325

REINSTATEMENT 97

8. Name and Address of Current Registered Agent

STRAIN, PATRICIA A.
 1745 SW 81ST TERRACE
 DAVE FL 33324

9. Name and Address of New Registered Agent

Name **SC 11-10-97**

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

Suite, Apt. #, Etc. **100002344951-4**

City **11/12/97-01090-002**

State **FL** Zip **33625**

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 *Patricia A Strain* Date **11-05-97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Lucy Skarin* 11-5-97 (954) 468-3517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)