

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUL 08 AM 7:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 712585

**1. Corporation Name**

First Pentecostal Church  
of Jesus, Inc.

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

5411 Wiley St.

Suite, Apt. #, etc.

**3. Mailing Office Address**

5224 Plunkett St.

Suite, Apt. #, etc.

**City & State**

Hollywood, FL

Zip

Country

33021

US

**City & State**

Hollywood, FL

Zip

Country

33021

US

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

April 12, 1967

**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**

Patricia Kitchen-Standifer

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

5224 Plunkett Street

Suite, Apt. #, Etc.

**City**

Hollywood

**State**

FL

**Zip Code**

33021

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

900158890009  
07/24/09--01006--010 \*\*\$87.50

**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

Patricia Kitchen-Standifer

REGISTERED AGENT MUST SIGN

Date

7/21/09

**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
PD	Patricia Kitchen-Standifer	5224 Plunkett St.	Hollywood, FL 33021
VD	James Standifer	5224 Plunkett St.	Hollywood, FL 33021
S	Gloria Ann Kitchen	5224 Plunkett St.	Hollywood, FL 33021
			07/08/09 01050 010
			2082.50
			900158890009
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**REINSTATEMENT**

**RH**

**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 contained in Chapter 119, 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:** Bishop Patricia Kitchen-Standifer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/09

Date

Daytime Phone #

(954) 665-5488