

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 JUN 23 AM 5:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

714044

1. Corporation Name

First Church of God of Homestead, Florida, Inc.

Principal Place of Business

Mailing Address

16235 S.W. 288 Street
 Homestead, Florida 33033

16235 S.W. 288 Street
 Homestead, Florida 33030

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
 August 8, 1994

5. FEI Number
 59-2226218

Applied For

Not Applicable

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)

700002225577-5

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
Chair	Rhonda Nunez	16235 S.W. 288 Street	Homestead, Florida 33033
S/D	Roland Smith	16235 S.W. 288 Street	Homestead, Florida 33033
Dr. Pres.	Antonio Grizzell	16235 SW 288 Street	Homestead, Florida 33033
D/T	Judith Dawkins	16235 SW 288 Street	Homestead, Florida 33033

REINSTATEMENT - 96-97

8. Name and Address of Current Registered Agent

Herldon D. Snowden, Jr.
 16325 SW 288 Street 33033

9. Name and Address of New Registered Agent

Name
 Steven D. Losner
 Street Address (P.O. Box Number is Not Acceptable)
 65 N.W. 16th Street
 Suite, Apt. #, Etc.

City
 Homestead

State
 FL

Zip Code
 33030

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

REGISTERED AGENT MUST SIGN

Date 6/17/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Rhonda Nunez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 905 247-4959
 Daytime Phone #

CR2E040 (12/96)