

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

00 SEP 25 PM 1:45

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # 715469**
Evangelical Church of God in Christ Crusade
of Florida, Inc.
1158 West 24th Street
Riviera Beach, Florida 33404

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida
10-25-68

5. FEI Number

59-1788137

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
P/D	Dorothy Lee Edwards	1158 W. 24th Street	Riviera Beach, Fl. 33404
VP/D	Viola Edwards Newsome	1158 W. 24th Street	Riviera Beach, Fl. 33404
S/T/D	Elton Edwards Jones	1158 W. 24th Street	Riviera Beach, Fl. 33404
D	Viola Edwards Newsome	848 S. W. Avenue C Place	Belle Glade, Fl. 33430
D	Dorothy Lee Edwards	848 S. W. Avenue C Place	Belle Glade, Fl. 33430

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Rev. S. Edwards
848 S. W. Avenue C Place
Belle Glade, Fl. 33430

9. If changed, new registered agent / office

Name

Dorothy Lee Edwards

Street Address (Do NOT Use P.O. Box Number)

1158 W. 24th Street

Street Address (Do NOT Use P.O. Box Number)

City

Riviera Beach

State

FL.

Zip

33404

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

Dorothy Lee Edwards
REGISTERED AGENT MUST SIGN

Date

9-14-00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Dorothy Lee Edwards

Date

9-14-00

Daytime Phone #

1-561-841-2245

Typed or printed name of signing officer or director

Dorothy Lee Edwards