

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 716786

1. Corporation Name

CROOMS TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

2090 N W 151ST STREET  
OPA-LOCKA FL 33054  
US

Mailing Address

2100 NW 154TH STREET  
OPA LOCKA FL 33054

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

06/25/1969

5. FEI Number

65-0282328

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CROOMS, OLIVER	2100 NW 154TH STREET	MIAMI FL
D	PERKINS, ADDIE	16430 NW 19TH CT	MIAMI FL
D	KING, MARTHA	15901 NW 22ND COURT	MIAMI FL

000005556150--0  
-05/17/02--01009--013  
\*\*\*\*297.50 \*\*\*\*297.50

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

CROOMS, OLIVER  
2100 NW 154TH STREET  
OPA-LOCKA FL 33054

9. Name and Address of New Registered Agent

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

*Oliver Crooms*

REGISTERED AGENT MUST SIGN

Date

4-18-02

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)(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:

*Oliver Crooms* OLIVER CROOMS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/01

Daytime Phone #

305-6875737

CR2E040 (8/01)