

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727250**

1. Corporation Name

THE FIRST ASSEMBLY OF GOD OF ARCADIA, INC.

Principal Place of Business

Mailing Address

201 N 11TH AVE
ARCADIA FL 34266
US

201 N 11TH AVE
ARCADIA FL 34266
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1973

5. FEI Number

59-1899982

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
V	CLAY, JAMES	6282 NNE RANCH DR	ARCADIA FL 34266
T	VAN AKEN, JEFF	2884 NW CR 661	ARCADIA, FL 00000 34266
P	BRANCH, WALTER T	403 E PINE ST	ARCADIA FL 34266
D	HAUPT, DAN	1423 SE CR 760A	ARCADIA FL 34266
D	MARES, CHAR	1467 NE LEE DR	ARCADIA FL 34266

8. Name and Address of Current Registered Agent

BRANCH, WALTER T
403 E. PINE ST
ARCADIA FL 34266

9. Name and Address of New Registered Agent

Name

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

700023821107

Suite, Apt. #, Etc.

10/15/03--01060--014 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

Walter Branch

REGISTERED AGENT MUST SIGN

Date 10-6-03

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:

JEFF VAN ALLEN
JEFF VAN ALLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-6-03

Daytime Phone #

863-444-0666

CR2E040 (7/03)