

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 18 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732283
1. Corporation Name Holy Union Church of Deliver
ence INC.

800181049378
05/18/10--01023--006 **481.25

REINSTATEMENT 06-10c

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #
1244 ALI BABA AVE

3. Mailing Office Address
3895 NW 183ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OPA LOCKA FL.

City & State
MIAMI GARDENS FL.

Zip
33054

Country
U.S.

Zip
33055

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
591662900

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
CHARLIE EASON

Street Address (P.O. Box Number is Not Acceptable)
3895 NW 183ST

Suite, Apt. #, Etc.

City
MIAMI GARDENS

State
FL

Zip Code
33055

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.

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

Charlie Eason
REGISTERED AGENT MUST SIGN

Date 5/17/10

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
P	CHARLIE EASON	3895 NW 183ST	MIAMI GARDENS FL 33055
VP	ALBERTA WADE	16425 NW 38 PLACE	MIAMI FL 33055
D	BISHOP DAVID EASON	2508 Superior Street	MIAMI FL 33055
T	REGINA EASON	2508 Superior Street	MIAMI FL 33055
S	WONDERA HAMMOND	17405 NW 75th Place Unit 208	PALM SPRINGS NORTH FL 33055
VP	ASHLEY EASON	17405 NW 75th place Unit 208	Palm Springs North FL 33055

10. E-mail Address: W.W. Toccara 9235@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Charlie Eason

5/17/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #