

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **732305**

1. Corporation Name

THE FOUNDATION CHURCH OF JESUS, INC.

Principal Place of Business

Mailing Address

1308 NW 15TH PLACE
LAUDERDALE MANOR
FT. LAUDERDALE FL 33311

1308 NW 15TH PLACE
LAUDERDALE MANOR
FT. LAUDERDALE FL 33311

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

03/27/1975

5. FEI Number **65-0957244**
APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WHITEHEAD, LEROY BISHOP	1308 NW 15 PLACE	FT. LAUDERDALE FL 33311
SD	WHITEHEAD, CAROLYN	1308 NW 15 PLACE	FT. LAUDERDALE FL 33311
D	WHITEHEAD, VERNON	680 N.W. 19 STREET	POMPANO BEACH FL 33060

200003677372--7
-02/13/01--01085--029
****297.50 ****297.50

8. Name and Address of Current Registered Agent

WHITEHEAD, VERNON
680 N.W. 19 STREET
POMPANO BEACH FL 33060

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

Vernon Whitehead
REGISTERED AGENT MUST SIGN

Date **1-30-01**

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:

Bishop Leroy Whitehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01
Date

(954) 461-6831
Daytime Phone #

KE



REINSTATEMENT **2000-01**

FILED

01 FEB -2 AM 11:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (8/00)