PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 18 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732738**

1. Corporation Name

**THE CHURCH OF THE LIVING GOD NEW MACEDONIA, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 610 S.W. 4TH STREET<br>DELRAY BEACH FL 33444<br>US | 322 SW 1ST AVE.<br>DELRAY BEACH FL 33444-3507<br>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: 05/12/1975

5. FEI Number: 65-0046284 ☐ 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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PDT | QUINCE, L.N., JR. | 322 S.W. 1ST AVE | DELRAY BEACH FL 33444 |
| DT | BOYER-REYNOLDS, IDELL | 310 SW 1ST ST. | DELRAY BCH. FL 33444 |
| D | HUNTER, WILFRED | 2800 NW 6TH CT. | POMPANO BCH. FL 33069 |
| D | JACKSON, CLARENCE | 409 SW 6TH AVE. | DELRAY BCH. FL 33444 |
| D | HUNTER, MALFRED | 4822 32ND DR. SOUTH | LAKE WORTH FL 33461 |
| DT | QUINCE, ARTICE | 322 SW 1ST AVE. | DELRAY BCH. FL |

8. Name and Address of Current Registered Agent

QUINCE, L.N., JR.
322 SW 1ST AVENUE
DELRAY BEACH FL

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

100002353451--3
-11/20/97--01099--009
****236.25 ****236.25

CR2E040 (8/97)

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 X L.N. Quince JR

REGISTERED AGENT MUST SIGN

Date 11-5-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: X L.N. Quince JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-97 Date

376-8281 Daytime Phone #

(2)

D- Johnie J. Jones II
202 N.E. 14th ave
Boynton Beach, FL 33435

TO BE Added

Annual Reports