

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # 743770

1. Corporation Name  
**THE HOUSE OF GOD OF NAZARENE, INC.**

Principal Place of Business Mailing Address

**2000 N.W. 93 Street  
MIAMI, FLORIDA 33147**

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

**REINSTATEMENT 8797**

**FILED  
97 SEP 26 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

4. Date Incorporated or Qualified To Do Business in Florida **8/01/78**

5. FEI Number

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)

**700002306457-2**

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1 P, D	2 BISHOP ALBERTA WILSON	3 2000 N.W. 93 STREET	4 MIAMI, FL. 33147
VP, D	ROOSEVELT WALKER	2000 N.W. 93 STREET	MIAMI, FL. 33147
S, D	EDDIE MAE MAXWELL	524 S.W. 24 AVENUE	FT. LAUDERDALE, FL.
T, D	EARLEAN WILSON	2000 N.W. 93 STREET	MIAMI, FL. 33147

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **S. SCOTT CHOOS, ESQ.**

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

**15600 S.W. 288 STREET**

Suite, Apt. #, Etc.

**SUITE 312**

City

**HOMESTEAD**

State

**FL**

Zip Code

**33033**

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

REGISTERED AGENT MUST SIGN

Date

**9/22/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

**BISHOP ALBERTA WILSON**

**9/22/97**

**(305) 836-5492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR040 (12/96)