

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 JUL 29 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **743770**

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

2. Principal Office Address  
2000 N.W. 93 STREET

3. Mailing Office Address  
2000 N.W. 93 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip 33147 Country USA

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**REINSTATEMENT** <sup>98-05</sup>

4. Date Incorporated or Qualified  
To Do Business in Florida 08/01/78

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **J. Scott Choo, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**15600 SW 288 STREET**

Suite, Apt. #, Etc.  
**Suite 312**

City  
**Homestead**

**800058046978**  
07/29/05--01037--001 \*\*565.00

State **FL** Zip Code **33033**

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 *[Signature]* REGISTERED AGENT MUST SIGN

Date **6/30/05**

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
PRES.	ROOSEVELT WALKER	2000 NW 93 STREET MIAMI, FL. 33147	MIAMI, FL. 33147
V.P.	CECELIA WILSON	10820 W. GOLF DR.	MIAMI, FL. 33167
Sec.	DEBORAH STEWART	2140 NW 84 STREET	MIAMI, FL. 33147
ASST. SEC.	ALINE WILSON	189 NW 92 STREET	MIAMI BEACH, FL. 33150
TREAS.	KATHY BURCH	745 NW. 49 STREET	MIAMI, FL. 33127

10. 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: *Roosevelt Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/30/05** (305) 836-5492  
Daytime Phone #