

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # 747500

1. Corporation Name

THE CHURCH OF GOD SEVENTH DAY, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

591 NW 35th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

3. New Mailing Office Address, If Applicable

531 NW 35th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1979

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)

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	2	3	4
Pres/D	Joseph Eudovique	1301 NW 175th Terrace	Miami, FL 33169
D	Ulyses Oscar	825 NE 178th Terrace	North Miami Beach, FL 33162
D	Sheila Eudovique	1301 NW 175th Terrace	Miami, FL 33169
REINSTATEMENT 81-98 8-10-98			
436.00 overpayment LFS			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Leslie W. Langbein, Esq.

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

20801 Biscayne Blvd

Suite, Apt. #, Etc.

Suite 506

City

Miami

State

FL

Zip Code

33180

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

Leslie W. Langbein

REGISTERED AGENT MUST SIGN

Date

6/22/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Eudovique
Joseph Eudovique President

Date

JUNE 15th 1998

Daytime Phone #

FILED
98 AUG -5 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

81-98

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(961) 3603230