

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761264

1. Corporation Name

Church With God and Christ, Inc.

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

USA

3. Mailing Office Address

7507 NW 181st Terrace

Suite, Apt. #, etc.

City & State

Alachua, FL

Zip

32615

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 12/30/1981

5. FEI Number

35-2363988

☐ 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

Ulysses D. Hayes

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

7507 NW 181st Terrace

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

300207472563
05/10/11--01028--005 **297.50

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

Ulysses D. Hayes

REGISTERED AGENT MUST SIGN

Date

6-22-11

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
Elder	Ulysses D. Hayes	7507 NW 181st Terrace	Alachua, FL 32615
Vice	Mr. Luther Hayes	7117 SW Archer Road, Lot #2612	Gainesville, FL 32608
Secretary	Dorsey Ann Hayes	7117 SW Archer Road, Lot #2612	Gainesville, FL 32608

REINSTATEMENT

2010-11

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ulysses D. Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-22-11

Daytime Phone #

386-462-2537

FILED
11 JUN 24 PM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]