

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PH 12:28

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002867

1. Corporation Name

FREEDOM HALL CHURCH OF GOD, INC

2. Principal Office Address

681 WINTHROP STREET

Suite, Apt. #, etc.

3. Mailing Office Address

681 WINTHROP STREET

Suite, Apt. #, etc.

City & State

BROOKLYN, NEW YORK

Zip

11203

Country

USA

City & State

BROOKLYN, NEW YORK

Zip

11203

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 6, 1996

5. FEI Number

11-2570113

Appeal For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT 97-04

7. Name and Address of Current Registered Agent

Name

HOPE BURKE

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

4541 N.W. 39TH STREET

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State
FL

Zip Code

33319

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/15/04

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CECIL G. RILEY	681 WINTHROP STREET	BROOKLYN, NY 11203
VP/D	LYTTLETON FERGUSON	6101 NW 16TH COURT	SUNRISE, FL. 33313
T/D	HOPE BURKE	4541 N.W. 39TH STREET	LAUDERDALE LAKES 33319
S/D	JENELPHA FERGUSON	6101 N.W. 16TH COURT	SUNRISE, FL 33313

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)(f), 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:

CECIL G. RILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 19, 2004

Date

718-434-7427

Daytime Phone #

CORP-12 (8/00)