

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 26 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **E96000003225**

1. Corporation Name

THE CHURCH OF JESUS CHRIST BODY MINISTRY INC.

100007391431--8
-08/28/02--01045--004
****122.50 ****122.50

2. Principal Office Address

3801 NW 4TH. ST.

3. Mailing Office Address

3801 NW 4TH ST.

Suite, Apt. #, etc.

SUITE #1

N/A

Suite, Apt. #, etc.

N/A

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/26/1996

5. FEI Number

22-3050649

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

NELEATER A. ALLEN

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

517 W. CAMPUS CIRCLE

Suite, Apt. #, Etc.

N/A

City

FT. LAUDERDALE

State
FL

Zip Code
33312

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

Neleater Allen

Date **8/5/2002**

REGISTERED AGENT MUST SIGN

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
PRESID	NELEATER A. ALLEN	517 W. CAMPUS CIRCLE	FT. LAUDERDALE, FL. 33312
VP	HAROLD W. ALLEN	517 W. CAMPUS CIRCLE	FT. LAUDERDALE, FL. 33312
DIR	VERNON V. ASHTON	680 AZEALEA CT.	PLANTATION, FL. 33317
TREAS	CADAT O. BRODERICK	3850 JACKSON BLVD.	FT. LAUDERDALE, FL. 33312
DIR	CYNTHIA SOLOMON	830 SW 39AVE.	FT. LAUDERDALE, FL. 33312
SECRE	BRENDA HARRIS-BRODERICK	5317 SW 33RD. ST.	PEMBROKE, PARK 33023

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:

Neleater Allen

NELEATER A. ALLEN 8/5/02

954-316-8854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

js 8/27/02