PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

09 SEP -3 PH 4: 28

SECTATION OF STATE

DOCUMENT # F98000004434

1. Corporation Name								,		
CHURCH OF GOD, AN INTERNATIONAL COMM							50 09/03	00160304425 /0901031005 **367.50		
2. Principal Office Address - No P.O. Box # 3. Ma 476 S Marengo Avenue Same				ng Office Address				RE	INSTATE (12/08) 7 0 4-09	
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.					porated or Qualified 08/04/1998	
City & State Pasadena, CA			City & State					5. FEI Number Applied For 3390798049 Not Applicable		
Zip 91101		Country USA	Zip Country			try		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent										
Name Lee Page								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable) 16409 Bearle Rd							the prior notices. By checking this box, you are certifying the prior notices were not			
Suite, Apt. #, Etc.							received and requesting the reinstatement fee be waived.			
Orlando State Zip Code 32828-540							80			
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 REGISTERED AGENT MUST SIGN Date										
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	
PCD	David H	476 S Marengo Avenue			ie		Pasadena, CA 91101			
STD	Steven (24706 Clarington Drive			e		Laguna Hills, CA 92653			
D	John An	288 Elkhorn Drive					Duarte, CA 91010			
D	Theodor	1430 Valley View Avenue			nue		Pasadena, CA 91107			
D	Brian O	4009 Leon Drive					Plano, TX 75094			
۵	Edwin S	2355 Paloma Street					Pasadena, CA 91104			
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 filling 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 contained in Chapter 119, 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

8/31/09

626-535-0445

Daytime Phone #

