

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000012

1. Corporation Name

CHURCH OF GOD (SABBATH OBSERVED), INC.

Principal Place of Business

Mailing Address

2811 NE 35TH ST
OCALA FL 34479

2811 NE 35TH ST
OCALA FL 34479



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

2. New Principal Office Address, If Applicable

16183 SW 22nd Ct.
Suite, Apt. #, etc.
Ocala Fl. 34473
City & State

3. New Mailing Office Address, If Applicable

16183 SW 22nd Ct.
Suite, Apt. #, etc.
Ocala Fl. 34473
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1999

5. FEI Number

59-3620631

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LYNCH, ABRAHAM Buchanan Delroy	33 KENNEDY RD SOUTH APT 506 14 S. Broadstreet	MISSAUGA, ONTARIO, CANADA Ridgewood NJ 07450
VD	JOHNSON, GARETH Walters Fitzwarren	BAMBOO POST OFFICE 15M329 3429 Wickham Ave	ST. ANN, JAMAICA, W.I. Bronx NY 10469
STD SD	MARSON, VINNETTE M Walters Elaine	2811 NE 35TH ST 3429 Wickham Ave	OCALA FL 34479 Bronx N.Y. 10469.
2SCD	SWEENEY, MARIETTA	16183 SW 22ND COURT	OCALA FL 34473
-2VD	BLACKFORD, OWEN Buchanan Magilin	6202 N SHELTON ROAD, APT 407 14 S. Broadstreet	TAMPA FL 33615 NJ 07450 Ridgewood NJ 07450

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSON, VINNETTE M
2811 NE 35TH ST
OCALA FL 34479

Marietta Sweeney

Name Marietta Sweeney

Street Address (P.O. Box Number is Not Acceptable)
16183 SW 22nd Ct.

Suite, Apt. #, Etc.

Ocala Fl.

34473

City

State

FL

Zip Code

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. or 617.0505, F.S.

300025892393
12/31/03--01048--008 **236.25

Signature of
Registered Agent

Marietta Sweeney

REGISTERED AGENT MUST SIGN

Date

12/29/03

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., 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.

(352)362-3412

SIGNATURE:

Marietta Sweeney Marietta Sweeney 12/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)