

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000001915

1. Corporation Name

ALL THAT GOD IS INTERNATIONAL MINISTRIES INC.

Principal Place of Business

9830 S.W. 222 Street

MIAMI FL 33190

Mailing Address

9830 S.W. 222 Street

MIAMI FL 33190

9830 SW 222 STREET
MIAMI, FLA. 33190

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

9830 SW 222 ST.

MIAMI FLA

Zip

33190

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2000

5. FEI Number

65-1007301

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ISAAC, DENISE DR	9854 S.W. 222 TERR 9830 S.W. 222 Street	MIAMI FL 33190
TD	WALKER, ROSALIND	14545 SW 297TH TERRACE	MIAMI FL 33033
VD	ISAAC, LATRESA T Sanchez, Veronica	9830 SW 222ND STREET 19803 N.W. 34th Ave Mia, Fla	MIAMI FL 33190 MIAMI, FLA 33056
SD	PIERRE, JOANN DANZY, Clovette	8421 NW 22ND PLACE 11125 S.W. 174terr	MIAMI FL 33147 MIAMI FLA 33157
* PLEASE MAKE CORRECTIONS! THANK YOU			200004732783--5 12/19/01 01045--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

ISAAC, DENISE DR.

9830 SW 222 STREET

MIAMI FL 33190

9. Name and Address of New Registered Agent

Name

Denise Isaac

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

9830 S.W. 222 Street

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33190

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/30/01

11. I certify that I am an officer or director of 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:

Clovette Danzy

Clovette DANZY

10/30/01 (305) 971-4984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #