

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 26 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000002999**

1. Corporation Name

**THE House of God of Apostolic
Faith Ministry, INC.**

2. Principal Office Address

437H NW 167 ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33055

Country

USA

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1023704

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

MARGE GOODMAN

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

3470 FOXCROFT RD

Suite, Apt. #, Etc.

#105

City

MIRAMAR

State

FL

Zip Code

33024

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

Marge Goodman
REGISTERED AGENT MUST SIGN

Date

7-20-04

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
CEO Founder	Pearline H. McFadden	1748 NW 65 ST	MIAMI, FL 33147
President	MARGE GOODMAN	3470 FOXCROFT RD #105	MIRAMAR, FL 33024
Treasurer	Dr. Audrey Kineard	7809 Alhambra Blvd	MIRAMAR, FL 33023
Trustee	Freddie Kineard	7809 Alhambra Blvd	MIRAMAR, FL 33023
Secretary	Estelle H. Adams	3470 FOXCROFT RD #105	MIRAMAR, FL 33024

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:

MARGE GOODMAN - MARGE GOODMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-20-04

Daytime Phone #

954 9073255

CR2E081 (01/04)

Page 292

**THE HOUSE OF GOD OF APOSTOLIC FAITH
4371 NORTHWEST 167TH ST.
MIAMI, FL. 33055
305 623-1625**

Pastor M. Goodman

Overseer's, Elder P. McFadden

To Whom It May Concern:

Our organization is requesting for reinstatement of our organization as a non-profit agencies with the State of Florida. Please consider our request. We did not receive any information regarding our annual filing status report. Also we did not receive any information regarding the dissolution of our organization. We found out about this information regard our organization when the secretary called requesting information on how to obtain a state seal for our organization at the corporation business department. There have been two other churches at our location prior to our organization. We promise to do better in keeping informed with our yearly obligations with the State of Florida requirements for non-profit organizations. We provide various services to our community and the closure of our organization would be a hardship to the people we services. We apologize for any inconvenience and hope that the state will approve our reinstatement application.

Thanking you in advance.

Sincerely,

Marge Goodman
Marge Goodman.
Pastor

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