

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 21 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004091

1. Corporation Name

Rock Hill Progressive Church of God  
IN Christ Inc.

2. Principal Office Address

2524 North 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1211 Temple Court

Suite, Apt. #, etc.

City & State

Haines City, FLORIDA

Zip  
33844

Country

City & State

HAINES CITY, FLORIDA

Zip  
33844

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593346056

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

Coleman, Sarrlie, Elder

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

1211 Temple Court

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

Pastor Sarrlie Coleman

Date 2-15-2005

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
P	Coleman, Sarrlie, Pastor	1211 Temple Court	Haines City, FL. 33844
D	Pugh, Estelle	1006 Tangerine Circle	Haine City FL. 33844
S	Luenettie, Coleman	1211 Temple Court	Haines City, FL. 33844
D	Cummings, Annie	1236 Avenue K	Haines City, FL. 33844
VP	Coleman, Luenettie	1211 Temple Court	Haines City, FL 33844
D	Mollie Perkins	1236 Avenue Court	Haines City, FL. 33844

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: Pastor: Elder Sarrlie Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 863-422-362

Date

Daytime Phone #

CR2E081 (01/05)

1250