

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -4 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004901

1. Corporation Name

BOYNTON BEACH CHURCH OF GOD IN CHRIST, INC

2. Principal Office Address

722 N W 2ND STREET

3. Mailing Office Address

722 N W 2ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FLORIDA

City & State

BOYNTON BEACH FLORIDA

Zip

33435

Country

USA

Zip

33435

Country

USA

900037665749
06/04/04--01033--017 **358.75
REINSTATEMENT 01-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/26/2000

5. FEI Number

20-1065519

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

WRIGHT, SYLVESTER

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

211 ROSS DRIVE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33445

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

Date

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/D	WRIGHT, SYLVESTER	211 ROSS DRIVE	DELRAY BEACH FL 33445
S/D	WRIGHT JEWEL	508 N W 11TH AVENUE	BOYNTON BEACH FL 33435
D	GREEN, JOHNNIE	416 14TH AVENUE	BOYNTON BEACH FL 33435

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:

Sylvester Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-04

Date

561-272-5996

Daytime Phone #

CR2E081 (01/04)