

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005672

1. Corporation Name

COVENANT COMMUNITY FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

8641 NW 52 STREET
LAUDERHILL FL 33351

8641 NW 52 STREET
LAUDERHILL FL 33351

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2000

5. FEI Number

65-1033315

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GORDON, JOHN M	8641 NW 52 STREET	LAUDERHILL FL 33351
SD	GORDON, LINDA	8641 NW 52 STREET	LAUDERHILL FL 33351
TD	GORDON, ANDREW	2800 NW 56 AVE #B-201	LAUDERHILL FL 33313
D	ROBINSON, PATRICIA	2800 NW 56 AVE #B-201	LAUDERHILL FL 33313
D	FLETCHER, ROBERT	11315 SW 154 TERR	MIAMI FL 33157
D	PATTERSON, DERRICK	4500 NW 36 STREET #109	LAUDERDALE LAKES FL 33319

8. Name and Address of Current Registered Agent

GORDON, JOHN M
8641 NW 52 STREET
LAUDERHILL FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300004661343--3

10/31/01-01059-021

****236.25 ****236.25

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10.10.01

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.10.01 954-597-0044

Date

Daytime Phone #

CR2E040 (8/01)