

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 NOV -1 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008332

1. Corporation Name

ALL THAT GOD IS INTERNATIONAL OUTREACH CENTER, I
NC.

Principal Place of Business

Mailing Address

13615 S DIXIE HIGHWAY SUITE 114

MIAMI FL 33176

9830 S.W. 222 Street
Miami, FLA 33190

13615 S DIXIE HIGHWAY SUITE 114

MIAMI FL 33176

9830 S.W. 222 Street
Miami, FLA 33190



REINSTATEMENT

2001

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
DP	ISAAC, DENISE	13615 S DIXIE HIGHWAY SUITE 114 9830 S.W. 222 Street	MIAMI FL 33176 Miami FLA 33190
DV	SANCHEZ, VERONICA	19803 NW 34TH AVENUE	MIAMI FL 33056
DT	WALKER, ROSALIND	14545 SW 297TH TERRACE	MIAMI FL 33033
DS	DANZY, CLOVETTE	11125 SW 174TH TERRACE	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

ISAAC, DENISE

13615 S DIXIE HIGHWAY SUITE 114

MIAMI FL 33176

9830 S.W. 222 Street
Miami, FLA 33190

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/25/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clovette Danzy

Clovette DANZY

DENISE P. ISAAC

(305) 259-5616

10/25/01 971-4984

CR2E040 (8/01)