

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV -4 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000001100**

1. Corporation Name

MIAMI LAKES GOSPEL ASSEMBLY, INC.

Principal Place of Business

Mailing Address

**20000 NW 47TH AVE.
OPALOCKA FL 33055**

**20000 NW 47TH AVE.
OPALOCKA FL 33055**

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

02/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1891831

☒ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	THELUSMA, JEAN F	935 NW 102 ST.	MIAMI FL 33150
D	BREVILLE, EMMANUEL P	1698 NE 151ST	MIAMI FL 33162
D	VINCENT, MONIQUE B	16212 SW 18TH ST.	MIRAMAR FL 33027

100008605431
10/28/02 01035 004 **61.25

8. Name and Address of Current Registered Agent

**THELUSMA, JEAN F
935 NW 102 ST.
MIAMI FL 33150**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

JEAN F. THELUSMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-2002
Date

Daytime Phone #
305-308-42