


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000002571 1. Entity Name CHURCH OF GOD SANCTIFIED OF FLORIDA INC.			
Principal Place of Business 11610 NW 7TH AVENUE SUITE B MIAMI, FL 33168		Mailing Address 1030 NE 149 ST MIAMI, FL 33161	
2. Principal Place of Business 11610 NW 7AVE Suite, Apt. #, etc. MIAMI City & State FL Zip 33168		3. Mailing Address 1030 NE 149 ST Suite, Apt. #, etc. MIAMI City & State FL Zip 33161	
Country Dade county		Country North MIAMI	
4. FEI Number 30-0064168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGUSTIN-CHRISTINOR 1030 NE 149 ST MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Christinor</i> President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ALBERT, ANNE N 1030 NE 149 ST MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD AUGUSTIN, CHRISTINOR 1030 NE 149 ST MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GUYFRAND, AUGUSTIN 1030 NE 149 ST MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T TANIS, MITA 1030 NE 149 ST MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200061035662 10/31/05--01015--006 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Christinor Augustin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10/26/05 Daytime Phone # 786-306-5182	

FILED

05 OCT 31 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202005 REIN-NP CR2E099 (6/04)