

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 13 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002571

1. Entity Name
CHURCH OF GOD SANCTIFIED OF FLORIDA INC.



Principal Place of Business
11610 NW 7TH AVENUE
MIAMI, FL 33168

Mailing Address
1030 NE 149 ST
MIAMI, FL 33161

2. Principal Place of Business

11610 NW 7th Ave

Suite, Apt. #, etc.

MIAMI

City & State

FLORIDA

Zip

33168

Country

USA

3. Mailing Address

1030 NE 149 ST

Suite, Apt. #, etc.

MIAMI

City & State

FL

Zip

33161

Country

North Miami



REINSTATEMENT

(11/05)

4. FEI Number
30-0064168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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
Christinor Augustin

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

1030 NE 149 ST

City

MIAMI

FL

Zip Code

33161

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 *Christinor Augustin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 11/20/06

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALBERT, ANNE N
STREET ADDRESS 1030 NE 149 ST
CITY-ST-ZIP MIAMI, FL 33161 ☐ Delete

TITLE PSD
NAME AUGUSTIN, CHRISTINOR
STREET ADDRESS 1030 NE 149 ST
CITY-ST-ZIP MIAMI, FL 33161 ☐ Delete

TITLE D
NAME GUYFRAND, AUGUSTIN
STREET ADDRESS 1030 NE 149 ST
CITY-ST-ZIP MIAMI, FL 33161 ☐ Delete

TITLE T
NAME TANIS, MITA
STREET ADDRESS 1030 NE 149 ST
CITY-ST-ZIP MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400082083464
11/27/06--01045--006 **236.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Anne N. Albert

TITLE PSD
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Augustin Christinor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
TANIS MITA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Guy Grand Augustin

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Guy Grand Augustin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/06 (786) 306-5182

Date Daytime Phone #

K. Eckel DEC. 13 2006