

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 AM 9:37

DOCUMENT #

1. Corporation Name

The Church of God of Prophecy Oakland Park, Inc. N01000005199

W05-28148

2. Principal Office Address

1794 N.W. 38TH AVENUE

3. Mailing Office Address

7161 Pembroke Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#600

City & State

LAUDERHILL, FL

City & State

Pembroke Pines, FL

Zip

33311

Country

U.S.

Zip

33023

Country

U.S.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

July 24, 1991

5. FEI Number

65-1139200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAURNA WILLIAMS

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

7161 PEMBROKE RD

Suite, Apt. #, Etc.

#600

City

PEMBROKE PINES,

State

FL

Zip Code

33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Laurna Williams
REGISTERED AGENT MUST SIGN

Date 4/26/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NICHOLAS FERGUSON	1794 N.W. 38TH AVENUE	LAUDERHILL, FL 33311
VP/T	SAMUEL Mc DONALD	same	same
S	BERNICE SMALL	same	same

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10. 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: *Nicholas Ferguson* Nicholas Ferguson

4/26/05

(954) 989-8122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFE001 (01/05)