

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000007814

1. Corporation Name
Christian Fellowship Worship Center
For All People, Inc.

2. Principal Office Address

13700 NW 19th Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

18130 NW 56th Ave
Suite, Apt. #, etc.

City & State

Opa-Locka, Florida

City & State

Miami, Florida

Zip

33054

Country

USA

Zip

33055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joy L. Jackson

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

18130 NW 56th Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33055

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

Joy L. Jackson

Date

9-11-05

REGISTERED AGENT MUST SIGN

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
DP	JOY L. JACKSON	18130 NW 56th Ave.	Miami, FL 33055
DV	MAMIE GRIFFIN	15401 NW 29th Court	Miami, FL 33055
DT	TREISA SMITH	8225 NW 19th Street	Miami, FL 33055
DS	BELINDA WILLIAMS	3128 NW 45th Street	Miami, FL 33142
DT	WILLIE SMITH	20621 NE 1st Court	Miami, FL 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-11-05

Daytime Phone #

FILED

06 JAN -9 PM 3:01

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-06

CR2E081 (01/05)