

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000001871**

1. Corporation Name

TRUE HOLINESS EVANGELIST FAITH CENTER UNITED CHRISTIAN FELLOWSHIP COMMUNITY MINISTRIES INC.

Principal Place of Business

Mailing Address

2310 NW 58TH STREET
MIAMI FL 33142

2310 NW 58TH STREET
MIAMI FL 33142



REINSTATEMENT 03-05

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

09/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BRAITHWAITE, WILLIE-BELL	7770 NORTHWEST 7TH AVENUE	MIAMI FL 33050
VD	BARCLAY, GENEVE	7770 NORTHWEST 7TH AVENUE	MIAMI FL 33050
SD	WOODEN, PATRICIA	7770 NORTHWEST 7TH AVENUE	MIAMI FL 33050
TD	BRAITHWAITE, TAMIKA	7770 NORTHWEST 7TH AVENUE	MIAMI FL 33050
			500046293535 02/10/05--01010--017 **236.25
			500046293535 02/10/05--01010--018 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATSON, JOSEPH E
2310 NW 58TH STREET
MIAMI FL 33142

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

Watson *Barclay* *Braithwaite*

REGISTERED AGENT MUST SIGN

Date 11-23-03

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:

Watson *Barclay* *Braithwaite*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-03

Date

Daytime Phone #

CR2E040 (7/03)