

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 24 AM 9:17

DOCUMENT #

1. Corporation Name

702 000 001871
TRUE Holiness Evangelistic Faith Center -
UNITED Christian Fellowship Community Minist.
INC.

2. Principal Office Address - No P.O. Box #

2310 N.W. 58th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2310 N.W. 58th Street

Suite, Apt. #, etc.

City & State

Miami FL 33142

Zip

33142

Country

City & State

Florida

Zip

33142

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

010642706

☒

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

Joseph E. Watson Sr.

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

2310 N.W. 58th Street

Suite, Apt. #, Etc.

City

Miami Florida

State

FL

Zip Code

33142

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joseph E. Watson

REGISTERED AGENT MUST SIGN

Date 3/4/09

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	Willie Bell Braithwaite	4333 N.W. 7th Ave	Miami Florida 33127
VO	Mary Brantley	4333 N.W. 7th Ave	Miami Florida 33127
SD	Neneisha Williams	4333 N.W. 7th Ave	Miami Florida 33127
TD	Holly Walker	4333 N.W. 7th Ave	Miami Florida 33127
REINSTATEMENT 07-09			
B 4/28/09			

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 contained in Chapter 119, 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:

Joseph E. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/09 305-665-8929

Date

Daytime Phone #