

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -7 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007613

1. Corporation Name

CHURCH OF GOD OF PHILADELPHIA, INC.

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

2814 SE IRIS ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2530 SE AMHERST ST.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34997

Country

Zip

34997

Country

REINSTATEMENT 03 07

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2002

5. FEI Number

47-0892587

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
JOSE R. GUZMAN

Street Address (P.O. Box Number is Not Acceptable)
2814 SE IRIS ST.

Suite, Apt. #, Etc.

City
STUART

State
FL

Zip Code
34997

☒ 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.

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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

Jose R Guzman

REGISTERED AGENT MUST SIGN

Date

October 31, 2007

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	JOSE R. GUZMAN	2530 SE AMHERST ST.	STUART, FL 34997
DS	ITAZIENNE THAL	3114 SE ELLENDALE ST.	STUART, FL 34997
DT	WILNICK CHERISMA	2374 SE FLORESTA DR.	PORT ST. LUCIE, FL 34984
D	LINA JOSEPH	1243 SW EMPIRE ST.	PORT ST. LUCIE, FL 34983

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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 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:

Jose R Guzman

Jose R Guzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 31, 2007 (561) 236-7596

Daytime Phone #