

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03000002176**

1. Corporation Name

The Everlasting Assembly of Yahweh, Inc.

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

1629 39th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

3. Mailing Office Address

P.O. Box 9363

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/2003

5. FEI Number  
55-0883786

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

David A. Rolling

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

1201 West 1st Street

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

☐ 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

REGISTERED AGENT MUST SIGN

Date

11/20/09

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
D	Alonza Hall, Sr.	1629 39th Street	West Palm Beach, FL 33407
D	Alonza Hall, Jr.	1901 SW 99th Terrace	Miramar, FL 33025
D	David Foxworth	805 Bayberry Drive	Lake Worth, FL 33403

10. E-mail Address: darolling@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

Alonza Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alonza Hall, Sr. - 11/20/09

Date

Daytime Phone #

FILED

09 NOV 24 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-09