

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1703000006900

1. Corporation Name

Full Gospel Assembly of Fort Myers, Inc.

2. Principal Office Address P.O. Box 6962 Suite, Apt. #, etc.		3. Mailing Office Address 3146 NW 68 Street Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Lauderdale, Florida	
Zip 33911	Country USA	Zip 33309-1206	Country USA

FILED

06 FEB 23 PM 1:31

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03/09/06--01020--027 **297.50

4. Date Incorporated or Qualified To Do Business in Florida 8/13/2003	
5. FEI Number 20-1533598	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Joseph Gabriel

Street Address (P.O. Box Number is Not Acceptable)
1938 Golfview Avenue

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33901

B 2/22/06
REINSTATEMENT 05-06

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 Gabriel* Date 11/7/2005

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
BAEO	Rodriquez, Clifton H.	3146 NW 68 Street	Fort Lauderdale, Florida 3339-1206
ED/D	Gabriel, Joseph	1938 Golfview Avenue	Fort Myers, Florida 33901
S/D	Gabriel, Natacha	1938 Golfview Avenue	Fort Myers, Florida 33901
V/D	Etienne, Emy, Sr	749 NE 82nd Street	Miami, Florida 33161
T/D	Saint Phard, Jean Paul	12433 NE Miami Court	Miami, Florida 33161

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: *Joseph Gabriel* **Joseph Gabriel, Exec. Direct.** **11/7/2005** **(239)292-7357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # N03000006900

1. Entity Name

Full Gospel Assembly of Fort Myers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 6962

Suite, Apt #, etc

3. Mailing Address

3146 NW 68 Street

Suite, Apt. #, etc,

City & State
Fort Myers, Florida

City & State
Fort Lauderdale, Florida

Zip
33911

Country
USA

Zip
33309-1206

Country
USA

4. FEI Number
20-1533598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joseph Gabriel

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

1938 Golfview Avenue

City
Fort Myers

FL

Zip Code
33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph R Gabriel Joseph Gabriel

11/7/2005

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/CEO/Director
Joseph R. Gabriel
1938 Golfview Avenue
Fort Myers, Florida 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Corporate Secretary/Director
Natacha Gabriel
1938 Golfview Avenue
Fort Myers, Florida 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Vice President/Director
Rev. Emy Etienne, Sr.
749 NE 82nd Street
Miami, Florida 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Advisor/Ex-Officio Member
Clifton H. Rodriguez, CPA
3146 NW 68 Street
Ft. Lauderdale, Florida 33309-1206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph R Gabriel Joseph Gabriel, Exec. Direct.

11/7/2005

(239)292-7357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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