

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 MAR 17 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008440

**1. Corporation Name**

Church of God Celebration Christian Fellowship

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

301 1st Avenue South

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA

**3. Mailing Office Address**

301 1st Avenue South

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/20/2003

**5. FEI Number**

20-0212507

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

Leonce Estimable

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

3015 Ocean Parkway

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

☐ 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

Date 02/19/2008

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
Pres	Leonce Estimable, Pastor	3015 Ocean Parkway	Boynton Beach, FL 33435
Tres	Marie M. Louis	410 North B Street	Lake Worth, FL 33460
Sec	Omex Destra	821 South H Street	Lake Worth, FL 33460

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2008

Date

(561) 201-3470

Daytime Phone #

3/19/08