

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 23 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
0000103044830
05/23/07--01002--023 **236.25

DOCUMENT # N03000008508

1. Corporation Name

NOT 21774

Great Family of God INC.

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

15520 W2 CT

Suite, Apt. #, etc.

Miami FL

City & State

33169 Dade

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3/2/04 90054 (01) \$8.75
3/2/04 90054 002 \$61.00
REINSTATEMENT
07-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$975. Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name Charles R. Charles - PRESIDENT

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

15520 NW 2 CT

Suite, Apt. #, Etc.

Miami FL 33169

City

State

FL

Zip Code

☐ 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.

000103044830

05/23/07--01002--024 **123.00

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 04/24/07

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
VP	MIREILLE CHARLES	11 NE 151 ST Miami FL 33119	Miami FL 33162
OFFICER	MARIE C FELIX	15390 NE 6 AVE APT 216	Miami FLORIDA 33162
TRE.	CLAUDE ESTIMABLE	1465 NW 111 ST	Miami FLORIDA 33167
SECRETARY	EVELYNE H ZOR	1461 NE 150 ST Apt 104	Miami FLORIDA 33161
ASS.	GEORGE DIEULISEUL	3310 151 NE 154 ST	Miami FLORIDA 33162

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 TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-07

Date

Daytime Phone #