

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 23 AM 10:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008739

1. Corporation Name

Church of God : Pillar of Zen, Inc

2. Principal Office Address

P.O. Box 556

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Hamilton, FL

City & State

Zip

Country

Zip

Country

33851

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/2003

5. FEI Number

61-1465208

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

Pastor Virginia E. Thomas

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

906 Scenic Highway

Suite, Apt. #, Etc.

City

Haines City, FL

State

FL

Zip Code

33845

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

Pastor Virginia Thomas

Date 3/19/06

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
Pastor	Virginia E. Thomas	906 Scenic Highway	Haines City, FL 33845
Asst. Pastor	Catherin F. Brim	1414 Bluff Loop	Dundee, FL 33838
Evangelist	Rosemary Donaldson	PO Box 214	Dundee, FL 33838
Evangelist	Joyce Hall		Lk. Hamilton, FL 33851
Sister	LISA Gilliam	1307 Temple Cir	Haines City, FL 33845
Elder	JAMES E. Thomas	906 Scenic Highway	Haines City, FL 33845
Deacon	Daron L. Brim	1414 Bluff Loop	Dundee, FL 33838
Deacon	Willie Jenkins	217 Arlington Loop H.C.	Haines City, FL 33845

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

3/17/06 (863) 638-7241

Date

Daytime Phone #