

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 13 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N040000010244

**1. Corporation Name**

Family of Christ International Church  
of God Inc.

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

3596 Jamiam Trail

Suite, Apt. #, etc.

210

City & State

Port Charlotte, FL

Zip

Country

33952 Charlotte

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

10-30-2004

**5. FEI Number**

13-4256221

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 Oneil Bowie

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

27265 Puma DR

Suite, Apt. #, Etc.

P. H

City

Punta Gorda

State

FL

Zip Code

33983

☒ 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

Per Oneil Bowie

Date 3-23-2008

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
P	Oneil Bowie	27265 Puma DR	Punta Gorda 33983
V	Nadine Bowie	27265 Puma DR	Punta Gorda 33983
S	Michelle Ricketts	163 Flanders Street	Port Charlotte, FL 33954

**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:**

Per Oneil Bowie

ONEIL BOWIE

3-23-2008

Date

Daytime Phone #

941

268-4544