

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 24 PM 2:43

DOCUMENT # N04000010244

1. Corporation Name

Family of Christ International Church  
of God Inc.

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

4656 Jamiami Trail

Suite, Apt. #, etc.

Port Charlotte

City & State

Port Charlotte, FL

Zip

33983

Country

Charlotte

3. Mailing Office Address

Trail 4656 Jamuame

Suite, Apt. #, etc.

NOTE

City & State

Port Charlotte, FL

Zip

33983

Country

Charlotte

100147012871  
03/24/09--01004--009 \*\*245.00 K5  
REINSTATEMENT 06-09

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

Rev. Dr. Oneil Bowie, Pastor

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

27265 Puno DR

Suite, Apt. #, Etc.

PH

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

Rev. Dr. Oneil Bowie

REGISTERED AGENT MUST SIGN

Date 3-20-2009

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 Puno DR	Punta Gorda, FL 33983
V	Nadine Bowie	27265 Puno DR	Punta Gorda, FL 33983
S	Michelle Ricketts	163 Flanders Street	Port Charlotte, FL 33984

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:

ONEIL BOWIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2008

Date

Daytime Phone #

(411)  
268-7088