

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 OCT 23 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO4143** **W97-21315**  
1. Corporation Name **SAINT CITY CHURCH OF**  
**God of the Apostolic Faith**  
**NO 2**

Principal Place of Business Mailing Address  
**4922 N.W. 22ND AVE.**  
**MIAMI FLORIDA**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country  
**9302 N.W. 22 Ave**  
**MIAMI Fla.**  
**33147**

**REINSTATEMENT** **49-97**

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number  
Applied For  
Not Applicable  
**592222883**  
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	<b>Pres Bishop James P. Jenkins</b>	<b>7375 N. Augusta Dr.</b>	<b>MIAMI FL. 33015</b>
	<b>V. Pres Mrs Helen Jenkins</b>	<b>7375 N. Augusta Dr.</b>	<b>MIAMI FL. 33015</b>
	<b>Secretary Ms Carol Jolley</b>	<b>3370 NW 262 St</b>	<b>MIAMI FL 33056</b>
	<b>Trustee MR Earl Young Jr</b>	<b>6048 N.W. 61 St</b>	<b>OCALA, FLA 34482</b>

**REINSTATEMENT** **49-97**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Bishop J. P. Jenkins**  
**7375 N. Augusta Dr.**  
**MIAMI FL. 33015**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
**000002329410--1**  
**-10/24/97--01101--012**  
**\*\*\*\*787.50 \*\*\*\*787.50**  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent **Bishop James P. Jenkins** Date **9/8/97**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **Bishop J. P. Jenkins** **9/8/97** **(305) 6933877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)