

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO4374

1. Corporation Name

Church Of Holy Ghost, Inc.

2. Principal Office Address

1781 N.W 73rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

5309 N.W 24th

Suite, Apt. #, etc.

City & State

miami FL 33147

City & State

miami FL

Zip

33147

Country

DADE

Zip

33142

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

7-23-84

5. FEI Number

592369894

☒ 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

Louvenia Jones

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

5309 N.W 24th

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33142

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

Louvenia Jones

REGISTERED AGENT MUST SIGN

Date

2/9/06

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	Jephthah Davis	1781 N.W 73 rd	miami FL 33147
STD	PHILLIPS, Pinkie	4649 N.W 23 rd Ct	miami FL 33142
DS	JONES, LOUVENIA	5309 N.W 24 th	miami FL 33142
VD	Riley, Alecia	1044 N.W 52 nd	miami FL 33127
DT	RUFUS Glenn Smith	3230 N.W 171 st	miami FL 33056
T	Rogers Jones JR	1480 N.W 203 rd	miami FL 33169

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

Louvenia Jones

Date

2/9/06

Daytime Phone #

786-290-4625

FILED
06 FEB 16 AM 11:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E081 (12/05)

REINSTATEMENT 05-04
02/23/06--01005--005 **306.25