

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06050**

1. Corporation Name

SUPERNATURAL CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

4689 MYRTLE LN
WEST PALM BEACH FL 33417
US

1390 W. 37TH STREET
RIVIERA BEACH FL 33404
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4796 #4 Elmhurst Rd.
West Palm Beach, FL
33417 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1984

5. FEI Number

65-0031700

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DIXON, EMMITT	1390 W. 37TH ST. 4796 #4 Elmhurst Rd.	RIVIERA BEACH FL 33404 West Palm Bch, FL 33417
VD	DIXON, ANNIE BELL	1390 W. 37TH ST. 4796 #4 Elmhurst Rd.	RIVIERA BEACH FL 33404 West Palm Bch, FL 33417
STD STD	HILLMAN, SHERRY L Cherie Folston	927 CARRIBBEAN BLVD #927 2011 W. 17th St. Apt. #2	WEST PALM BEACH FL 33407 Riviera Bch, FL 33404

000014451050
04/28/03--01133--001 **\$1.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIXON, EMMITT JR
1390 W. 37TH ST.
RIVIERA BEACH FL 33404

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Emmitt Dixon **DATE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

3/18/03

11. 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:

Annie Bell Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

Daytime Phone #

(561) 616-3900