

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 AUG 18 AM 9:25

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000004750

1. Corporation Name

Church of God of Prophecy Truly, Inc.

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

3021 NW 12 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33311

Country

US

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

May 11, 2007

5. FEI Number

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

Pierre Sainvil

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

3021 NW 12 Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

REINSTATEMENT

2009-2015

900276178869

08/18/15--01020--013 **603.75

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

Date August 7, 2015

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	Pierre Sainvil	3021 NW 12 Street	Fort Lauderdale, FL 33311
VP	Daffner S. Sainvil	3021 NW 12 Street	Fort Lauderdale, FL 33311
S	Daffner S. Sainvil	3021 NW 12 Street	Fort Lauderdale, FL 33311
T	Edwens Belizaire	3021 NW 12 Street	Fort Lauderdale, FL 33311

10. E-mail Address: pierre.sainvil@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Pierre Sainvil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 7, 2015 (754) 214-1158

Date

Daytime Phone #