

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CHURCH OF GOD OF PROPHECY OF MOORE
HAVEN, INC.

DOCUMENT NUMBER NO8000008113

300162765753
11/12/09--01037--015 **61.25

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

385 AVENUE E

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 855

Suite, Apt. #, etc.

City & State

MOORE HAVEN, FLA

Zip

33471

Country

USA

City & State

MOORE HAVEN FLA

Zip

33471

Country

USA

REINSTATEMENT

CR2E081 (12/07)

09

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/08

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

FRANK WOODHAM

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

2306 S.W. 3RD AVENUE

Suite, Apt. #, Etc.

City

OKEECHOBEE

State

FL

Zip Code

34974

☐ 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

Frank Woodham

REGISTERED AGENT MUST SIGN

Date 11-8-09

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	FRANK WOODHAM	2306 S.W. 3RD AVE	OKEECHOBEE FLA 34974
T	MARY LOU PARHAM	P.O. Box 855	MOORE HAVEN, FLA 33471
S	WELDA WOLFENBARGER	P.O. Box 301	MOORE HAVEN, FLA. 33471

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:

Frank Woodham FRANK WOODHAM

11-8-09

Date

863-763-9365

Daytime Phone #