

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 17 PM 1:01

DOCUMENT # N11000004766

1. Corporation Name

Restoration Church of God 7th DAY INC.

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

3956 Silver Star Rd 5902 Wolf Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5902 Wolf Rd

Suite, Apt. #, etc.

City & State

Orlando FL

Zip Country

32808

City & State

Orlando FL

Zip Country

32808

REINSTATEMENT 2012

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05-13-2011

5. FET 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 Virginia B ROWE

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

5902 Wolf Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

600242830326
12/17/12--01045--008 **236.25

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

Virginia B Rowe
REGISTERED AGENT MUST SIGN

Date 12-12-2012

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
Pastor	OWEN G ROWE	5902 Wolf Rd	Orlando FL 32808
Dir	Virginia B. ROWE	5902 Wolf Rd	Orl FL 32808
Dir	HEROLIN Hammil	2937 Willie May	Orl FL 32811
		PKway	
			DEC 18 2012
			T. CAULEY

10. E-mail Address: OWEN55@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:

Virginia B Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-2012

Date

Daytime Phone #