

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 10 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14187

1. Corporation Name

St. Paul's Church of God in Christ, Inc.

2. Principal Office Address

915 W. Avenue A

Suite, Apt. #, etc.

City & State

Belle Glade FL

Zip

33430

Country

USA

3. Mailing Office Address

PO BOX 1127

Suite, Apt. #, etc.

City & State

Belle Glade FL

Zip

33430

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/3/86

5. FEI Number

650421531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

700013726747

03/10/03--01054--004 **481.25

7. Name and Address of Current Registered Agent

Name Rev. Clarence L. Brown

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

560 SW 3RD Street

Suite, Apt. #, Etc.

City

Belle Glade,

State
FL

Zip Code
33430

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

Clarence L. Brown
REGISTERED AGENT MUST SIGN

Date

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
PD	Rev. Clarence L. Brown	560 SW 3RD Street	Belle Glade, FL 33430
STD	Cynthia H. Brown	560 SW 3RD Street	Belle Glade, FL 33430
D	Audriana Williams	1104 NE 1ST Street	Belle Glade FL 33430

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clarence L. Brown 2/4/03 561-996-9559

CR2E081 (1002)

2/3/11