

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 NOV -5 AM 9:25

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N35086

1. Corporation Name

TRINITY BELIEVERS' FELLOWSHIP, INC.

REINSTATEMENT 64-12

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

2340 NW 138<sup>th</sup> Drive

3. Mailing Office Address

2340 NW 138<sup>th</sup> Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33323

Country

Broward

Zip

33323

Country

Broward

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/3/89

5. FEI Number

59-2990507

☐ 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

C. STEVEN DELAWARE

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

2340 NW 138<sup>th</sup> Drive

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

600241373606  
10/31/12-01024-008 \*\*726.25

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

*C. Steven Delaware*

Date October 25, 2012

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	STEVEN C. Delaware	2340 NW 138 <sup>th</sup> Drive SUNRISE, FL 33323	SUNRISE, FL 33323
O	Travis Braderson	3224 SW 126 <sup>th</sup> Terrace Miramar, FL 33025	Miramar, FL 33025
D	Julie Rodriguez	2611 N. Riverside Drive apt 507	Pompano Beach, FL 33062
			NOV 06 2012
			T. CAULEY

10. E-mail Address: STEEDA2340@aol.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:

*C. Steven Delaware*

October 25, 2012 954-288-6164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #