

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 21 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36653**

1. Corporation Name
THE CHURCH OF GOD OF Auburndale, Inc.
121 W. Bridges Ave.
Auburndale FL 33823

2. Principal Office Address - No P.O. Box #
121 W. BRIDGES AVE

3. Mailing Office Address
821 IRENE DR.

City & State
Auburndale FL

City & State
Auburndale, FL

Zip Country
33823 USA

Zip Country
33823 USA

REINSTATEMENT 03-08
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida
2/12/1990

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
JERRY HAYES

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

Suite, Apt. #, Etc.

City State Zip Code
Auburndale FL 33823

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 **Jerry Hayes JERRY HAYES** Date **2-16-08**
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
V/D	Gene Miller	1131 HALCYON Ct.	LAKELAND FL. 33801
D	Artie Cabrerajr.	121 W. BRIDGES AVE	Auburndale FL 33823
T/S	SHELBY HAYES	821 IRENE DR.	Auburndale FL 33823
P/D	JERRY HAYES	821 IRENE DR.	Auburndale FL 33823

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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: **Jerry Hayes JERRY HAYES** Date **2/16/08** Daytime Phone # **863-968-9681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22