

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -9 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38010

1. Corporation Name

CHURCH OF GOD IN CHRIST
OF WABASSO, INC.

500161548795
10/09/09--01048--001 **122.50

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

8345 58TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4140 48TH PL

Suite, Apt. #, etc.

City & State

WABASSO, FL

City & State

VERO BEACH, FL

Zip

32970

Country

USA

Zip

32967

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/90

5. FEI Number

65-0199288

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

MAMIE R EDMOND

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

4140 48TH PL

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32967

☒ 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

Mamie R. Edmond
REGISTERED AGENT MUST SIGN

Date *9-29-09*

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
PD	MAMIE REDMOND	4140 48TH PL	VERO BEACH, FL 32967
TD	FALISHA CARTER	8660 64TH AVE	WABASSO, FL 32970
SD	HELEN R COOPER	2385 SW 11TH CT	VERO BEACH, FL 32962

REINSTATEMENT

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:

Mamie R. Edmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-09
Date

(772)

567-4468
Daytime Phone #

Mud