

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 17 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N39763**

1. Corporation Name

**EBENEZER ASSEMBLY OF GOD CHURCH, INC.**

Principal Place of Business

Mailing Address

12401 S.W. 224TH STREET  
P.O. BOX 462  
MIAMI FL 33170

12401 S.W. 224TH STREET  
P.O. BOX 462  
MIAMI FL 33170

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/30/1990

5. FEI Number

65-0217792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	STEWART, ERROL N.	12030 S.W. 177TH TERRACE	MIAMI FL 33177
D	BROWN, LEROY JR.	16924 S.W. 119TH PLACE	MIAMI FL 33177
PD	GLEER, THOMAS	17255 SW 95 AVE #B450 9771 SW 216 TERR.	MIAMI FL 33190
AT	LOUARD, BRENDA	19525 SW 129TH AVE	MIAMI FL 33177
D	TONGE, MIRLE	12401 S.W. 224TH STREET	MIAMI FL 33170
DS	Archibald, Hannah	15022 SW 141 Ct	Miami, 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREER, JR., THOMAS E

17401 SW 84 CT 9771 SW 216 TERR  
MIAMI FL 33157 33190

Name

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

Suite, Apt. #, Etc.

City

588802719575-4

-12/22/98-01083-023

FL 33136.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/12/98

11. This corporation owes or has paid the current year **Does not owe any taxes** (See other side for information on intangible tax.)  
Intangible Personal Property tax due June 30. Yes ☐ No ☐

12. 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 #