

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41265
1. Corporation Name
15th Avenue Church of Faith
In God Inc.

2. Principal Office Address 1915 15th Ave So.		3. Mailing Office Address 4901 81 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Saint Petersburg FL		City & State Tampa FL	
Zip 33712	Country U.S.	Zip 33619	Country U.S.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -5 PM 4:00
600004739256--2
-12/26/01--01077--006
****365.00 ****365.00
600004739256--2
-12/26/01--01077--007
****300.00 ****300.00
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 12-13-90	
5. FEI Number 59-3043619	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 Bishop Gary F. Brown	
Street Address (P.O. Box Number is Not Acceptable) 4901 81 Street	
Suite, Apt. #, Etc.	
City Tampa FL	State Zip Code FL 33619

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 [Signature] **Date** 12-29-01
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
Chm of Tr.	Gary Brown	4901 81 Street	Tampa FL 33619
D/T	Gracie Wright	2029 27th St S.	Saint Petersburg FL 33619
S/T/D	Rhodie Smith	1905 Tailfero	Tampa FL 33602
D	Georgia Brown	4901 81 St.	Tampa FL 33619
S/D	Antonio Brown	4901 81 St.	Tampa FL 33619
			AD

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-29-2001 **Daytime Phone #** (813) 677-7996