

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 FEB 22 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42728**

1. Corporation Name

Goulds Temple Church of God
in Christ, Inc.
12005 SW 213th Terrace

2. Principal Office Address

12005 SW 213th Terr
Suite, Apt. #, etc.

3. Mailing Office Address

9880 Palmetto Club Drive
Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33170 Country USA

City & State

Miami, FL

Zip 33157 Country USA

REINSTATEMENT 96-11

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/27/91

5. FEI Number

65-0299323

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

ELDER Dr. Emanuel Harris, Jr.

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

9880 Palmetto Club Drive

Suite, Apt. #, Etc.

City

Miami, FL 33157

State
FL

Zip Code

33157

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**

ELDER Dr. Emanuel Harris, Jr.
REGISTERED AGENT MUST SIGN

Date 2/2/00

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	ELDER Dr. Emanuel Harris, Jr.	9880 Palmetto Club Dr.	Miami, FL 33157
SD	Ernestine Knight	14204 SW 109th PL	Miami, FL
D	EDWARD PARRISH	12010 SW 213th Terr.	Miami, FL 33157
D	WAY, THOMAS E	12820 SW 109th St.	Miami, FL 33177

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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 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: ELDER Dr. Emanuel Harris, Jr., President 2/2/00 (305)251-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)