

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42728

1. Corporation Name

Rhema Church of God in Christ

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

12001 SW 213th Terr.

Suite, Apt. #, etc.

City & State

Goulds, FL

Zip

33170

Country

USA

3. Mailing Office Address

9880 Palmetto Club Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
3/27/1991

5. FET Number

900448617

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

Emanuel Harris, Jr.

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

9880 Palmetto Club Dr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

900249080569
06/20/13--01028--006 **236.25

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

Emanuel Harris Jr.
REGISTERED AGENT MUST SIGN

Date **6/18/13**

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	Emanuel Harris, Jr.	9880 Palmetto Club Dr.	Miami, FL 33157
TRE	John Henry Harris	10900 SW 165th Terr.	Miami, FL 33157
SEC	Carlton James Shumate	9880 Palmetto Club Dr.	Miami, FL 33157

10. E-mail Address: **bishopohj@gmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Emanuel Harris Jr. **EMANUEL HARRIS JR**

6/17/2013

305-801-9543

Date

Daytime Phone #