

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44916**

1. Corporation Name

THE HOLY ORDER OF CHERUBIM & SERAPHIM CHURCH MOVEMENT OF FLORIDA, INC.

REINSTATEMENT

Principal Place of Business

1925-33 OPALOCKA BLVD
OPALOCKA FL 33054

Mailing Address

1925-33 OPALOCKA BLVD
OPALOCKA FL 33054



800008865748

11/07/02--01037--024 **236.25

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0287048

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AOLETONA, STEPHEN O	1925-33 OPALOCKA BLVD	OPALOCKA FL 33054
T	WILLIAMS, BIODUN	1925-33 OPALOCKA BLVD	OPALOCKA FL 33054
D	OWOTADE, TUNDE	1925-33 OPALOCKA BLVD	OPALOCKA FL 33054
D	ADELEKE, KOLA YOUNG ARUWA	1925-33 OPALOCKA BLVD	OPALOCKA FL 33054
T	OWOLABI, MORENIKE	1925-33 OPALOCKA BLVD	OPALOCKA FL 33054
T	ABIMBOLA, ROSEMARY	1925-33 OPALOCKA BLVD	OPALOCKA FL 33054

8. Name and Address of Current Registered Agent

OWOLABI, MORENIKE
1925-33 OPALOCKA BLVD
OPALOCKA FL 33054

9. Name and Address of New Registered Agent

Name

YOUNG ARUWA

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

1925-33 OPALOCKA BLVD

Suite, Apt. #, Etc.

City

OPALOCKA

State

FL

Zip Code

33054

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11/04/2002

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., 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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/2002

Daytime Phone #

305-469-7040

CR2E040 (8/02)