

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED
99 AUG -4 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46758

1. Corporation Name
Holy Mission Full Gospel Church of God In
Christ, Inc

Principal Place of Business Mailing Address
REINSTATEMENT 97-99
2025 NW 24th Avenue
Ft. Lauderdale, FL 33311
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|---|--|---|--|--|--|
| 2. New Principal Office Address, If Applicable N/A | | 3. New Mailing Office Address, If Applicable N/A | | 4. Date Incorporated or Qualified To Do Business in Florida 1-9-92 | |
| Suite, Apt. #, etc N/A | | Suite, Apt. #, etc N/A | | 5. FEI Number 65-0303145 | |
| City & State N/A | | City & State N/A | | Applied For Not Applicable | |
| Zip Country | | Zip Country | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|---|
| PD | Rivers, Agnes | 3013 NW 6th Street Ft. Lauderdale, FL 33311 | 600002950656--9 -08/04/99--01082--004 ****378.00 ****367.50 |
| VD | Washington, David | 1312 NW 15th Court | Ft. Lauderdale, FL 33311 |
| SD | Harris, Margie | 1649 NW 13th Street | Ft. Lauderdale, FL 33311 |
| TT | Graham, Betty | 2255 McClellan | Hollywood, FL |
| CT | Rivers, Willie | 3013 NW 6th Street | Ft. Lauderdale, FL 33311 |

| | | | |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent Rivers, Agnes 3013 NW 6th Street Ft. Lauderdale, FL 33311 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State FL Zip Code | |
|--|--|--|--|

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 X Pastor Agnes Rivers
REGISTERED AGENT MUST SIGN

Date July 17 99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

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: X Agnes W Rivers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8. PAYNE AUG 4 1999
Date 7/17/99 Daytime Phone #

CP2E081 (12/98)