

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N46758**

1. Corporation Name

**HOLY MISSION FULL GOSPEL CHURCH OF GOD IN CHRIST, INC.**

Principal Place of Business

**2025 NW 24TH AVE.  
FT LAUDERDALE FL 33311**

Mailing Address

**2025 NW 24TH AVE.  
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**01/09/1992**

5. FEI Number

**65-0303145**

Applied For

Not Applicable

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
PD	RIVERS, AGNES	<del>3013 NW 6TH ST</del> <b>2410 NW 137th</b>	<del>FT LAUDERDALE FL 33311</del> <b>Sunrise Fla. 33323</b>
VD	WASHINGTON, DAVID	1312 NW 15TH CT	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	<del>3013 NW 6TH ST</del> <b>2410 NW 137th</b>	<del>FT LAUDERDALE FL 33311</del> <b>Sunrise Fla. 33323</b>

8. Name and Address of Current Registered Agent

**RIVERS, AGNES  
3013 NW 6TH ST  
FT LAUDERDALE FL 33311**

9. Name and Address of Registered Agent

Name  
**300004673573--5**  
**11/14/01--01093--013**  
**\*\*\*\*\*236.25 \*\*\*\*\*236.25**  
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

*Pastor Agnes Rivers*

REGISTERED AGENT MUST SIGN

Date

**300004673573--1**  
**11/14/01--01093--014**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

**10/22/01 954-838-9010**

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:

*Pastor Agnes Rivers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/22/01 954-838-9010**