

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46758

1. Corporation Name

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

2. Principal Office Address

2025 NW 24th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Ft. Lauderdale, Fl 33311

City & State

Ft. Lauderdale, Fl

Zip

33311

Country

BROWARD

200041095242
09/15/04 - 01021 - 001 - \$122.50
REINSTATEMENT 03-04

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

9 / 19/2003

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. Name and Address of Current Registered Agent

Name

AGNES RIVERS, 2410 NW 137 TERRACE, Sunrise, Fl 33323

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

2410 NW 137 Terrace, Sunrise, Fl 33323

Suite, Apt. #, Etc.

City

Sunrise, Fl

State

FL

Zip Code

33323

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

Agnes Rivers

REGISTERED AGENT MUST SIGN

Date 8/24, 2004

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
D/P	AGNES RIVERS	2410 NW 137 Terrace	Sunrise, F 33323
D/V	WILLIE RIVERS	2410 NW 137 Terrace	Sunrise, Fl 33323
D/S	MAJORIE HARRIS	1649 NW 13 Street	Ft. Laud, Fl 33311
D/D	Jeffery Chance	same as 2	Ft. Laud. Fl 33311

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:

Agnes Rivers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug 8 04

Daytime Phone #

CR2081 (01/04)