

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 17 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000962

1. Corporation Name

JERUSALEM CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

134 N FLAGLER ST
POMPANO FL 33060

7060 NW 24 ST
FORT LAUDERDALE FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 0899

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/28/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|-------------------------|
| PD | ST. FORT, JONAS | 7060 NW 24TH ST. | SUNRISE FL 33313 |
| VD | ST. FORT, AMONCIER | 330 SW 20 AVE. | FT. LAUDERDALE FL 33312 |
| SD | DESIRE, ALOUSE | 1121 SW 8TH AVE | DEERFIELD FL 33661 |
| T | FAUSTIN, JOSEPH | 951 NE 3 AVE. | POMPANO FL 33060 |

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST FORT, JONAS REV
7060 NW 24TH ST
SUNRISE FL 33313

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Jonas St Fort **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 04-07-99

11. This corporation owes or has paid 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)(f), 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: *Amancier St Fort* **AMANCIER ST FORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/7/99

Daytime Phone #