

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:47

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.

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

12/28/1992

5. FEI Number

NOT APPLICABLE

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	ST. FORT, JONAS	7060 NW 24TH ST.	SUNRISE FL 33313
VD	ST. FORT, AMONCIER	330 SW 20 AVE.	FT. LAUDERDALE FL 33312
SD	DOSTALY, ALOUSE	1121 SW 8TH AVE	DEERFIELD BEACH FL 33441
T	FAUSTIN, JOSEPH	951 NE 3 AVE.	POMPANO FL 33060
			400025892204 12/31/03--01048--004 **236.25

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  
**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. or 617.0505, F.S.

Signature of Registered Agent

*ST-FORT JONAS*

REGISTERED AGENT MUST SIGN

Date

*12/24/2003*

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:

*Jonas St. Fort*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12/24/2003*

Daytime Phone #

*954-572-9436*

CR2E040 (7/03)