

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 NOV -6 AM 11:50

DOCUMENT # **N93000003073**

1. Corporation Name

**SPEIGHTS TEMPLE CHURCH OF GOD IN CHRIST, INC.**

Principal Place of Business  
**251 N.E. 34TH CT.  
OAKLAND PARK FL 33334  
US**

Mailing Address  
**10460 S.W. 160TH ST.  
MIAMI FL 33157**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/02/1993**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0305940**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	WASHINGTON, KENNETH	10460 S.W. 160TH ST.	MIAMI FL 33157
D	HANKERSON, ALVIN	1221 NW 23RD TERRACE	FT. LAUDERDALE FL 33311
D	FREEMAN, EUNICE	340 NE 34TH STREET	OAKLAND PARK FL 33334
SD	BAKER, CYNTHIA	4820 NW 12TH STREET	LAUDERHILL FL 33313
D	WASHINGTON, DIANNE	10460 SW 160TH STREET	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WASHINGTON, KENNETH ELDER  
10460 S.W. 160TH ST.  
MIAMI FL 33157**

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

*Kenneth Washington*  
REGISTERED AGENT MUST SIGN

Date

*November 2, 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:

*Kenneth Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*November 2, 2003*  
Daytime Phone #

CR2E040 (7/03)