

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

2007 NOV 14 PM 4:11


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000111460570  
11/15/07--01030--009 \*\*70.00

000111460570  
10/29/07--01064--015 \*\*61.25

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003132

1. Corporation Name

Covenant Community Fellowship  
Ministries Inc. w07-53254

2. Principal Office Address - No P.O. Box #

8720 NW 44<sup>th</sup> St

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip

33351

Country

U.S.A

3. Mailing Office Address

8720 NW 44<sup>th</sup> St

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

07/06/1993

5. FEI Number

650209493

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

John Gordon

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

154 NW 106 Ave

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



Date 10.10.07

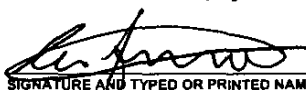
REGISTERED AGENT MUST SIGN

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
PD	John Gordon	154 NW 106 Ave	Plantation, FL 33324
D	Linda Gordon	154 NW 106 Ave	Plantation, FL 33324
D	Andrew Gordon	2800 N.W. 56 Ave B-201	Lauderhill, FL 33313

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 contained in Chapter 119, 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:



JOHN GORDON

10.10.07 954-439-2773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/07