

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 JUN 29 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **N93000003168**

1. Corporation Name  
**CHURCH OF GOD OF ABRAHAM INC.**

Principal Place of Business 1019 GOLDWYN ROAD ORLANDO FL 32805 US	Mailing Address P O BOX 555219 ORLANDO FL 32855-5219 US
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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 <b>07/14/1993</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-3198135</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CHARLES, JEAN R.	5468 N WOODCREST DR	WINTER PARK FL 32792
VD	FILS, MARCEL LARECE	5468 N WOODCREST DR	WINTER PARK FL
DS	AUGUSTIN, CALIXTE	6040 CASA DEL REY CIRCLE, APT. A	ORLANDO FL
T	SEVERE, MAURICE	1203 CHESTERTON AVE	ORLANDO FL
<b>REINSTATEMENT 98-99</b>			<b>TS</b>

8. Name and Address of Current Registered Agent CHARLES, JEAN R 5468 N. WOODCREST DR. WINTER PARK FL 32792	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
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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: *[Signature]* REGISTERED AGENT MUST SIGN Date: **06-24-99**

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)(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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **5-20-99** Daytime Phone #