

PLEASE READ ALL INSTRUCTIONS BEFORE CO

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 MAR 14 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003310

**1. Corporation Name**

LAST DAY DELIVERANCE TEMPLE  
OF THE APOSTOLIC FAITH  
INTERNATIONAL, INC.

**2. Principal Office Address**

925 N.W. 6th St.

Suite, Apt. #, etc.

**3. Mailing Office Address**

420 N.W. 30th Terr.

Suite, Apt. #, etc.

**City & State**

Pompano Beach, Fl.

**City & State**

Ft. Lauderdale, Fl.

**Zip**

33061

**Country**

Broward

**Zip**

33311

**Country**

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 23rd 1993

**5. FEI Number**

76-0782753

**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**

PASTOR Virgie M. Cosby

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

420 N.W. 30th Terrace

Suite, Apt. #, Etc.

**City**

Ft. Lauderdale

**State**

FL

**Zip Code**

33311

**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

Virgie M. Cosby

REGISTERED AGENT MUST SIGN

Date March 12th, 2005

**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
Pres.	Virgie M. Cosby	420 N.W. 30th Terr.	Ft. Laud., Fl. 33311
Vice	Lionel Cosby Sr.	3650 N.W. 44th Ave.	Laud. Lakes, Fl. 33319
Sec.	Marilyn Thompson	3650 N.W. 44th Ave.	Laud. Lakes, Fl. 33319
Treas.	Bernice Weaver	1130 N.W. 19th St.	Ft. Laud., Fl. 33311

**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 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:**

Virgie M. Cosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12th, 2005 954-791-5640

Date

Daytime Phone #

CR2E081 (3/01)