

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 26 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1794060000/018

1. Corporation Name

True Miracle Church of the Living God Inc.

2. Principal Office Address

313 West Pine St.

Suite, Apt. #, etc.

City & State

Arcadia, FL

Zip

34266

Country

Desoto

3. Mailing Office Address

2169 S.W. POYDRAS AVE.

Suite, Apt. #, etc.

City & State

Arcadia, FL

Zip

34266

Country

Desoto

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/1994

5. FEI Number

65-0481755

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

Dolly Cook

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

2169 S.W. POYDRAS AVE.

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

Dolly Cook

Date

2/15/05

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
DD	Christine Kirkland	318 West Pine St.	Arcadia, FL 34266
DE	Dolly Cook	2169 S.W. POYDRAS AVE.	Arcadia, FL 34266
DSM	Roosevelt Mitchell	318 West Pine St.	Arcadia, FL 34266
DE	Donald L. Cook Jr.	2169 S.W. POYDRAS AVE.	Arcadia, FL 34266
200047981282			
03/09/05 01004 012 **70.00			

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:

Christine Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05

Date

863-444-1024

Daytime Phone #