

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 -5 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000001018

1. Corporation Name

TRUE MIRACLE CHURCH OF THE LIVING GOD INC.

Principal Place of Business

Mailing Address

318 W PINE ST
ARCADIA FL 34266
US

2169 SW POYDRAS AVE
ARCADIA FL 34266
US

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

313 West Pine St
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Arcadia FL

City & State

312 Arcadia FL

Zip 34266 Country DeSoto

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1994

5. FEI Number

65-0481755

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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
DO	KIRKLAND, CHIRSTINE	2169 S.W. PYDRAS AVE.	ARCADIA FL 34266
DE	COOK, DOLLY	2169 S.W. PONDAS AVE.	ARCADIA FL 34266
DSM	MITCHELL, ROSEVELT	308 N. ARCADIA AVE.	ARCADIA FL 34266
DE	COOK, DONALD L JR	2169 SW POYDRAS	ARCADIA FL 34266

800023818308
10/15/03 01051 020 **70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOK, DOLLY
2169 S.W. POYDRAS AVE.
ARCADIA FL 34266

Name

800023818308

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

11/12/03 01053 010 **175.00

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

Dolly Cook

REGISTERED AGENT MUST SIGN

Date 10-8-03

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:

Christine Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

863-441-0294

Daytime Phone #

CR20040 (7/03)