

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <i>98-08</i> REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 98 MAR 11 AM 7:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # N94000001669

1. Corporation Name
ONE BODY THE FAMILY OF GOD CHURCH, INC.

Principal Place of Business
 15960 NW 21 AVE
 OPA LOCKA FL 33054

Mailing Address
 15960 NW 21 AVE
 OPA LOCKA FL 33054

W98-4626

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 03/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-2108499	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
D	Tyrone A. Williams Sr.	15960 N.W. 21 st Ave.	Opal Locka, Fla. 33054
D	Bessie M. Williams	" "	" "
D	Tyrone A. Williams Jr.	" "	" "
			900002455899--2 -03/12/98--01109--006 ****428.75 ****428.75
REINSTATEMENT <i>95-98</i>			
<i>SL 3-12-98</i>			

8. Name and Address of Current Registered Agent WILLIAMS, TYRONE A 15960 NW 21 AVE OPA LOCKA FL 33054	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 <i>Tyrone A. Williams Sr.</i> REGISTERED AGENT MUST SIGN	Date <i>2-14-96</i>
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11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Tyrone A. Williams Sr.* *2-14-96* *951-3991*

CR2040 (6/95)