

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005095

1. Corporation Name

CHURCH OF GOD - HONDURAS, INC.

2. Principal Office Address

3101 N.W. 7 AVENUE

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33127

Country

USA

3. Mailing Office Address

3211 NW 11 PLACE

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33127

Country

USA

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

10/13/94

5. FEI Number

6505166860

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

DARYL BURROWS

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

3211 NW 11 PLACE

Suite, Apt. #, Etc.

300030945363

03/23/04--01102--005 **367.50

City

Miami

State

FL

Zip Code

33127

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

[Signature]

Date

3/16/04

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
PD	CONNOR, KRINCELESS	3211 NW 11 PLACE	Miami, Fl. 33127
TD	CONNOR, KEILA	3211 NW 11 PLACE	Miami, Fl. 33127
SD	HYNDS, MARVA	1478 NW 39 STREET	Miami, Fl. 33142

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

[Signature] KRINCELESS CONNOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/04

Daytime Phone #

(305) 434-2060

CR2E081 (01/04)