

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 13 AM 8:00

DOCUMENT # N94000005805

1. Corporation Name *CHURCH OF God OF Holiness OF Christ, Inc.*  
*Church OF God OF Holiness OF Christ, Inc.*

2. Principal Office Address

*333 N.W. 30th St*

Suite, Apt. #, etc.

City & State

*MIAMI FL*

Zip

*33127*

Country

*DADE*

3. Mailing Office Address

*Po Box 640815*

Suite, Apt. #, etc.

City & State

*MIAMI FL*

Zip

*33164*

Country

*DADE*

REINSTATEMENT *00-04*

*MRD*

4. Date Incorporated or Qualified  
To Do Business in Florida

*Nov 28, 1994*

5. FEI Number

*65-0557944*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*NADEGE DUTES*

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

*501 NE 177st*

Suite, Apt. #, Etc.

City

*North Miami Bch*

State

*FL*

Zip Code

*33162*

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 *12/7/04*

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
<i>Director President</i>	<i>Nadege Dutes</i>	<i>501 NE 177st</i>	<i>Nmia Bch FL 33162</i>
<i>Officer</i>	<i>Marie G. Pierre</i>	<i>333 N.W. 30st # Rear</i>	<i>Mia FL 33127</i>
<i>Officer</i>	<i>TEPHAS Biton</i>	<i>321 NE 183rd st</i>	<i>Mia FL 33162</i>

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:

*NADEGE DUTES* Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/7/04* 305 576-1477  
Date Daytime Phone #

292

December 8, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Reinstatement of Church  
of God of Holiness  
of Christ Inc 65-0557944

Gentlemen:

We are enclosing Corporation Reinstatement form for the above listed duly filled.

Please abate the reinstatement fee due since we moved from 4600 NE 2nd Ave, Miami, Fl 33138 on December of 1999 to 333 NW 30th Street Miami Fl 33127 and never received subsequent forms.

The above requested action will enable us to carry on our church activities with much needed funds.

Thanking you in advance for your attention to this request, we remain,

Gratefully Yours,

Mrs. Nadege Dutes  
Minister/Officer

