

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000068

1. Corporation Name

CHURCH OF GOD CHRISTIAN UNION, INC.

Wab000027121

2. Principal Office Address

1532 Broadway

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

USA

3. Mailing Office Address

9312 Birmingham Dr.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1995

5. FEI Number

65-0551139

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
06 JUN 29 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600077143676  
07/07/06--01027--014 \*\*236.65

600077143676

07/07/06--01027--015 \*\*375.85

CR2E081 (12/05) 1997-2006

7. Name and Address of Current Registered Agent

Name

Singer Labranche

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

9312 Birmingham Dr.

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

REGISTERED AGENT MUST SIGN

Date 06/05/2006

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
Bishop	Julianne Labranche	9312 Birmingham Dr.	Palm Beach Gardens, FL 33410
Rev.	Lesly Romulus	9312 Birmingham Dr.	Palm Beach Gardens, FL 33410
Secretary	D. John Venelus	1034 Park Hill Dr.	Haverhill, FL 33417
VD	Amos Labranche	1244 Rosegate Blvd	Riviera Bch, FL 3304
TD	Madelien Lovince	5149 Kebn Blvd	W. P. B. FL 33407
MD	Ghislene Tanisma	6728 3th ST	Jupiter, FL 33458

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/2006

Date

Daytime Phone #