

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 FEB 20 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #N95000000290

1. Corporation Name **FULL GOSPEL BAPTIST CHURCH FELLOWSHIP OF FLORIDA, INC.**

Principal Place of Business  
**13230-Northwest-7th-Avenue**  
**Miami, Fl-33168**

Mailing Address  
**13230-NW-7th-Avenue**  
**Miami, Fl-33168**

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

01/20/1995

Suite, Apt. #, etc

Suite, Apt. #, etc

**1734 State Avenue**

**1734 State Avenue**

City & State

City & State

**Holly Hill, FL**

**Holly Hill, FL.**

Zip

Country

Zip

Country

**32117**

**32117**

5. FEI Number  
**.65-0575518**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	GRANGER, WALTER O BISHOP	500 AUSTRALIAN AVENUE	RIVIERA BEACH, FL 33404
D	TRIPLETT, DEREK T PASTOR	1734 STATE AVENUE	HOLLY HILL, FL 32117
D	KELLER, DEBRA A	1734 STATE AVENUE	HOLLY HILL, FL 32117
			500002096805--8
			02/25/97--01083--011
			****297.50 ****297.50
			JB2-20-97

8. Name and Address of Current Registered Agent

**WILLIAMS, VERNITA-G-ESQ.**  
**9970-NW-51ST-LANE**  
**MIAMI, FL-33178**

9. Name and Address of New Registered Agent

Name

**DEBRA A. KELLER**

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

**1734 STATE AVENUE**

Suite, Apt. #, Etc.

City

**HOLLY HILL**

State

**FL**

Zip Code

**32117**

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

*Debra A. Keller*

REGISTERED AGENT MUST SIGN

Date

**2-13-97**

11. 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.)

12. 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:

*Debra A. Keller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-13-97 904-677-6272**

CP2E040 (12/96)