

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *reinstatement*
REINSTATEMENT



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

97 DEC -5 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002878

1. Corporation Name

CHURCH OF THE SPIRIT, INTERNATIONAL INC

W97000018197

Principal Place of Business

314 SW 7th Street
Delray Beach, FL

Mailing Address

1 C Crossing Circle
Boynton Beach, FL 33435

REINSTATEMENT *9/6-97*
A. Alan
12/5/97

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0286-323

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Usher	Elaine Frederick Director	1736 Lake Worth Road #3 Lake Worth, FL 33460	
Teacher	Zelda Parker Director	212 SW 11th Avenue	Delray Beach, FL 33444
Usher	Allean Coleman Director	1716 2nd Avenue North #10	Lake Worth, FL 33460
Treasurer	Sharon Covin Director	2181 NW 27th Street	Fort Lauderdale, FL 33311
Secy/ Teacher	Sandra Blackman Director	2840 NW 24th Street	Fort Lauderdale, FL 33311
			400002368784-7 -12/10/97-01109-005 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Sharon Covin
2181 NW 27th Street
Fort Lauderdale, FL 33311

Name

Allean Coleman

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

1 C Crossing Circle

Suite, Apt. #, Etc.

City

Boynton Bch

State

FL

Zip Code

33435

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

REGISTERED AGENT MUST SIGN

M. Allean Coleman

Date 1/16/97

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 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:

Ada D. Joy IDA D. Joy 1/16/97 561-735-9845