

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 20 'PH 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003125**

1. Corporation Name

WORD OF POWER OF THE APOSTOLIC FAITH INC.

Principal Place of Business

Mailing Address

1281 W 22ND ST
JACKSONVILLE FL 32209
US

P O BOX 40923
JACKSONVILLE FL 32203-923
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1995

5. FEI Number

59-3323670

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	POLITE, ALPHONSO	1444 W 21ST STREET	JACKSONVILLE FL 32209
D	POLITE, VANESSA D	1444 W 21ST STREET	JACKSONVILLE FL 32209
D	GREEN, JOHN E	1836 FOREST HILL RD	JACKSONVILLE FL 32208
D	CULP, ROBERT	10404 DEPAUL DR	JACKSONVILLE FL
			9000003924619--5 -03/28/01--01088--020 ****367.50 ****367.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLITE, ALPHONSO
1444 W 21ST STREET
JACKSONVILLE FL 32209

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Alphonso Polite (Pastor)
REGISTERED AGENT MUST SIGN

Date

11/01/2000

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vanessa Polite
Dist Lady

(904)
854-1527

11/1/2000