

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 20 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003380**

1. Corporation Name

**House of God Miracle Temple
of Carol City, Inc. 001-4854**

2. Principal Office Address

16012 NW 27th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33054

Country

Dade

Zip

Country

REINSTATEMENT

T3

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 14, 1995

5. FEI Number

650060399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mamie L. Swain

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

16030 NW 27 PL

Suite, Apt. #, Etc.

City

Miami

FL

Zip Code

33054

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

Mamie L. Swain

Date **2-26-01**

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
Pres	Mamie L. Swain D	16030 NW 27 PL	Miami, FL 33054
Secy	Loretta Bynum T	1544 NW 55 Terr	Miami, FL 33142
Tres	Annette Walton T	3521 NW 176 St	Carol City, FL 33055
Asst Sec	Lenora Allen Johnson T	1146 Jann Avenue	Miami, FL 33054

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: **Mamie L. Swain** **Mamie L. Swain** **2-26-01** **305 620-2094**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)