

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N96000001068

1. Corporation Name

HIS PEOPLE CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 800554  
AVENTURA FL 33280-0554

P.O. BOX 800554  
AVENTURA FL 33280-0554

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

02/27/1996

5. FEI Number

65-0771127

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
PD	GILES, DOUG	19501 E COUNTRY CLUB DR PH#1	AVENTURA FL 33180
VD	VANCE, TOBY	2751 ROCK ISLAND RD #303	MARGATE FL
TD	TACQUARD, TONY	2751 ROCK ISLAND RD #303	MARGATE FL
SD	GILES, MARY MARGARET	19501 E COUNTRY CLUB #601	AVENTURA FL
TD	Penny Phillips	226 Antiquera Ave #1	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

REINSTATEMENT

Name and Address of Current Registered Agent

GILES, DOUG  
19501 E COUNTRY CLUB DR  
PH#1  
AVENTURA FL 33180

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNEATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/1/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNEATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/98

Date

305.937.3714  
Daytime Phone #