

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Marris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 NOV -2 AM 9:54

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001713**

1. Corporation Name  
**CHURCH OF GOD TRIANGLE HOPE MINISTRY, INC.**

Principal Place of Business Mailing Address  
 1981 LINCOLN AVENUE 1981 LINCOLN AVENUE  
 MIAMI FL 33054 MIAMI FL 33054

000004732790--3  
 -12/19/01--01045--006  
 \*\*\*\*\*236.25 \*\*\*\*\*236.25



**REINSTATEMENT 2007**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/29/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0176608	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	4 City / State / Zip
<del>T</del>	<del>WEECH, VERNAL REV</del>	<del>801 SW 138TH AVENUE, PLYMOUTH</del>	<del>PEMBROKE PINES FL 33027</del>
T	ST CLOUD, JEAN DEACON	332 NW 187 STREET	MIAMI FL 33169
T	STIRRUP, ROBERT	751 CURTISS DRIVE	OPA-LOCKA FL 33054
TT	FERGUSON, JR., ARLINGTON	3110 N.W. 211TH STREET	OPA-LOCKA FL 33056
<del>TT</del>	<del>CARSWELL, TURNER</del>	<del>2431 N.W. 170TH STREET</del>	<del>OPA-LOCKA FL 33056</del>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JONES, TYRONE VAN REV 3801 SW 31ST STREET HOLLYWOOD FL 33023		Name: <u>Tyrone Van Jones</u> Street Address (P.O. Box Number is Not Acceptable): <u>3801 S.W. 31 St</u> Suite, Apt. #, Etc.: <u>Hollywood Fl. 33023</u> City: <u>Hollywood Fl.</u> State: <u>FL</u> Zip Code: <u>33023</u>	

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: Tyrone Van Jones Date: 10/30/01  
 REGISTERED AGENT MUST SIGN

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] Date: 11-31-01 Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/01)