

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 25 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N9600001713*

1. Corporation Name

*Church of God Triangle Hope Ministry*

2. Principal Office Address

*1981 Lincoln Ave*

Suite, Apt. #, etc.

*Church*

City & State

*Miami Florida*

Zip

*33054*

Country

*USA*

3. Mailing Office Address

*1981 Lincoln Ave*

Suite, Apt. #, etc.

*Church*

City & State

*Miami Florida*

Zip

*33054*

Country

*USA*

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09/05/03--01040--001--\*\*236,2502  
*REINSTATEMENT 03*

4. Date Incorporated or Qualified To Do Business in Florida

*9-6-96*

5. FEI Number

*65-0176608*

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

*Tyrone Van Jones SR.*

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

*3801 SW 31 Street*

Suite, Apt. #, Etc.

City

*Hollywood*

State

*FL*

Zip Code

*33023*

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

*Tyrone Van Jones*  
REGISTERED AGENT MUST SIGN

Date *08-12-03*

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
<i>Deacon</i>	<i>Arlington Ferguson JR.</i>	<i>3110 N.W. 211 Street</i>	<i>Opa-Locka FL 33056</i>
<i>Trustee</i>	<i>Jean St. Cloud</i>	<i>765 NW. 186 Drive.</i>	<i>Miami FL. 33169</i>

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: *Tyrone Van Jones* Tyrone Van Jones *8/12/03* (305) 318-8886  
Date Daytime Phone #

CR2E081 (10/02)