

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 SEP 26 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N960000003357

1. Corporation Name

Biblical House of God,  
Church of Salvation & Praises

2. Principal Office Address

6870 N.W. 47<sup>th</sup> PL

Suite, Apt. #, etc.

3. Mailing Office Address

1876 N.W. 107<sup>th</sup> St

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Miami, FL

Zip

33319

Country

Broward

Zip

33167

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

2005-2006

5. FEI Number

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

Elder Althea W. McCormick

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

6870 N.W. 47<sup>th</sup> PL

Suite, Apt. #, Etc.

City

Lauderhill

State  
FL

Zip Code

33319

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

Elder Althea W. McCormick

Date

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
Pastor	Elder A. McCormick	6870 N.W. 47 <sup>th</sup> PL	Lauderhill, FL 33319
Asst Pastor	Elder D. Johnson	540 S.W. 63 Ave.	Margate, FL 33068
Deacon	Dea. Elice Robbins	1876 N.W. 107 <sup>th</sup> St	Miami, FL 33167

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:

Elder A. McCormick - Elder Althea McCormick - 9/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #