

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUL 20 AM 11:21

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003359

1. Corporation Name

BIBLICAL HOUSE OF GOD, NONE OTHER CHURCH, INC.

2. Principal Office Address - No P.O. Box #

819 SW JA ELY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

P. O BOX 646

Suite, Apt. #, etc.

City & State

DANIA FL

City & State

FT LAUDERDALE FL

Zip

33004

Country

USA

Zip

33312

Country

USA

REINSTATEMENT

06-10

CR2E0B1 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1996

5. FEI Number

311490207

☐ 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

HANSEN, JOSIE

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

3571 NW 18 PLACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

900183441859

07/20/10--01002--009 **490.00

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

[Signature]

Hansen - President

Date 07/13/10

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
D	HANSEN, JOSIE	3571 NW 18th Place	FT LAUDERDALE FL 33311
D	WILLIAMS, VANESSA	3571 NW 18th Place	FT LAUDERDALE FL 33311
D	ROBINSON, TOMMIE	1625 NW 18th Avenue	FT LAUDERDALE FL 33311
T	DEAS, JEFFREY	2955 NW 33rd Way	LAUDERDALE LAKES FL 33311

10/20

10. E-mail Address: allateeze@yahoo.com

(To be used for future annual report notification)

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. I further certify 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:

Vanessa R. Williams - Vice Pres. 07/13/10

(954)465-4462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tommie Robinson - Secretary