

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99-03 WBA
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005072**

1. Corporation Name

MISSIONS OF GOD, INC.

Principal Place of Business

Mailing Address

19711 SW 117 CT
19711 SW 117TH CT
MIAMI FL 33177
US

79711 SW 117 CT
MIAMI FL 33177
US

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

10/02/1996

5. FEI Number

NOT APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FERGUSON, ALVA	19711 SW 117 CT	MIAMI FL 33177
-V	FERGUSON, WELLINGTON	19711 SW 117 CT	MIAMI FL 33177
TD	SPENCE, GLORIA	2351 NW 92ND ST	MIAMI FL 33147
S	FERGUSON, SHERELLE	19711 SW 117 CT	MIAMI FL 33177
D	DAVIS, CHARMAINE	2351 NW 92ND ST	MIAMI FL
D	LANDREA, MABLE	19711 SW 117 CT	MIAMI FL 33177

8. Name and Address of Current Registered Agent

FERGUSON, ALVA
19711 SW 117 CT
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Alva Ferguson
REGISTERED AGENT MUST SIGN

Date **01-26-01**

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:

Gloria Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-26-01 352-371-3638

FILED

03 MAY -6 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~REINSTATEMENT~~ **02-03**



400013638584
05/06/03--01106--020 **131.25

CR2E040 (8/99)