

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 13 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 007 19600005817

1. Corporation Name

HOLY GRACE CHURCH OF GOD, INC.
1288 N.W. 119th STREET
MIAMI, FLORIDA 33168

2. Principal Office Address

1288 N.W. 119th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33168

Country

U.S.A.

3. Mailing Office Address

1288 N.W. 119th ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33168

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0727733

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

REV. FELIX DELICE, PASTOR

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

1220 N.E. 145th ST

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33161

300005610183-2

05/24/02-01044-010

****245.00 ****245.00

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

Felix Delice
REGISTERED AGENT MUST SIGN

Date 5/9/02

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
Pres/D	Rev. FELIX DELICE	1220 N.E. 145 ST	MIAMI, FL 33161
V-P/D	GISELE DELICE	1220 N.E. 145 ST	MIAMI, FL 33161
SEC/D	EMANUEL MERISME	40 NW 127 ST	MIAMI, FL 33161
TREAS.	YVES BASELAIRE	240 NE 160 Ter	MIAMI, FL 33161

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:

Felix Delice Pres/Dire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02
Date

(305) 919-7775
Daytime Phone #

CR2ED81 (8/01)