PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -8 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** N97000000342

**1.** Corporation Name

ELOHIM FAMILY WORSHIP MINISTRIES

REINSTATEMENT 03-04

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 6515 Taft Street | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: HOLLYWOOD, FLORIDA | City & State |
| Zip: 33024-4008 Country: USA | Zip Country |

**4.** Date Incorporated or Qualified To Do Business in Florida: JAN. 15, 1997

**5.** FEI Number: 65-1062570 ☐ 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: Latricia A. Ross-Mozley

Street Address (P.O. Box Number is Not Acceptable): 6515 Taft St.

100041721707
10/08/04--01052--009 **122.50

Suite, Apt. #, Etc.

City: Hollywood State: FL Zip Code: 33024-4008

**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 _____ 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 |
|---|---|---|---|
| C | Latricia A Ross-Mozley | 7206 S.W.44th.Court | Davie,Fla.33314-3161 |
| D/T | Mozley, Acheaia | 1201 S.W.52nd.Ave.Apt 2-108 | N.Lauderdale,Fla. 33068 |
| D/T | HOWARD, Twanda | 127 N.W.74th. Street | Miami,Florida 33150 |
| D/T/M | Mozley, Chante | 7206 S.W. 44th. Ct. | Davie, Florida 33314-3161 |
| V/T | Mozley, Robert | 6515 Taft Street | Hollywood,Florida 33024-4008 |
| | | | |

**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:** Latricia Ross-Mozley 10/06/04 (954) 792-1073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Request of re- instatement fee Waiver

9/30/04

To whom it may concern,

Please waive the re-instatement fee because due to re-location we did not receive the necessary paper work to file the Annual report. Our new address is 6516 Taft St. Hollywood Florida 33024.

Doc number N97000000342

Thank you

Robert Mozley