

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 13 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000000626*

1. Corporation Name

ERNEST L. Cobbs MINISTRIES (E.L.C.), Inc.

2. Principal Office Address

81 Bahman Avenue

Suite, Apt. #, etc.

City & State

OPA-LOCKA, Florida

Zip
33054

Country

U.S.A.

3. Mailing Office Address

3362 N.W. 151 TERRACE

Suite, Apt. #, etc.

City & State

OPA-LOCKA, Florida

Zip

33054

Country

U.S.A.

REINSTATEMENT *01-01*

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1997

5. FEI Number

650728635

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

COBBS, ERNEST L.

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

81 Bahman Avenue

Suite, Apt. #, Etc.

City

OPA-LOCKA

State

FL

Zip Code

33054

800032512308
*04/13/04--01019--005 **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

Ernest L. Cobbs

REGISTERED AGENT MUST SIGN

Date

4/09/04

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 |
|------------|--------------------------------------|---|----------------------------|
| <i>P/D</i> | <i>Cobbs, ERNEST L.</i> | <i>81 Bahman Avenue</i> | <i>OPA LOCKA FL. 33054</i> |
| <i>S/D</i> | <i>Cobbs, ELLA IN.</i> | <i>81 Bahman Avenue</i> | <i>OPA-LOCKA, FL 33054</i> |
| <i>T/D</i> | <i>BELL, AQUA</i> | <i>2090 SERVICE ROAD</i> | <i>OPA-LOCKA, FL 33054</i> |
| | | | |
| | | | |
| | | | |

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:

Ernest L. Cobbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/04

(305) 322-2826

Date

Daytime Phone #

CR2ED1 (01/04)



April 10, 2004

Florida Department of State
Division of Corporations
Tallahassee, Florida

Re: Requesting for late fee waiver

To whom it may concern:

I am requesting a late fee waiver for Ernest L. Cobbs Ministries (E.L.C.), Inc., because I did not receive for some reason unknown to me the correspondence relating to the corporate annual report forms for the time period of July 2001. Therefore, please grant this company this request appeal for late fee waiver.

Thank you in advance for your favorable considerations

Respectfully Yours

Ernest L. Cobbs, Chief Executive Officer

Ewc/elc