

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N97000000627**

1. Corporation Name

ELLA W. COBBS MINISTRIES (E.W.C.), INC.

Principal Place of Business

81 BAHMAN AVENUE
OPA LOCKA FL 33054
US

Mailing Address

81 BAHMAN AVENUE
OPA LOCKA FL 33054
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1997

5. FEI Number

65-0728634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02 JAN 22 PM 4:00

400004883054--7

-02/06/02--01045--004

****175.00 ****175.00



400004883054--7

-02/06/02--01045--004

****122.50 ****122.50

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
PD	COBBS, ELLA W	81 BAHMAN AVENUE	OPA LOCKA FL 33054
SD	COBBS, ERNEST	81 BAHMAN AVENUE	OPA LOCKA FL 33054
TD	WASHINGTON, CRAIG	81 BAHMAN AVENUE	OPA LOCKA FL 33054
D	GRANT, ZERONIE N	8430 E DIXIE HWY	PEMBROKE PINES FL 33025
D	Vera Joy-Naylor	1600 NE 157 th Terrace	North Miami, FL 33162

8. Name and Address of Current Registered Agent

COBBS, ELLA W
81 BAHMAN AVE
OPA LOCKA FL 33054

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

Ella W. Cobbs
REGISTERED AGENT MUST SIGN

Date

1-16-02

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:

Ella W. Cobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-02 305 687-1050