

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 97000001818

1. Corporation Name

Pearly Gate 7th Day Church of Jesus Christ, Inc.

2. Principal Office Address

3465 N.W. 43rd Place

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33309

Country

USA

3. Mailing Office Address

3465 N.W. 43rd Place

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33309

Country

USA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FFL Number

65-0739924

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

VERNARD SMITH

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

3465 N.W. 43rd Place

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33309

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

*Vernard Smith*

Date

11-17-06

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
PD	Vernard Smith	3465 N.W. 43rd Place	Lauderdale Lks, FL 33309
VSP	Daphne Smith	3465 N.W. 43rd Place	Lauderdale Lks, FL 33309
DT	Michael Christian	3465 N.W. 43rd Place	Lauderdale Lks, FL 33309

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 contained in Chapter 119, 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:

*Vernard Smith - Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Vernard Smith*

Date

11-17-06 954-731-8103

Daytime Phone #