

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 23 PM 3:17

DOCUMENT # N97000003506

1. Corporation Name

GRACE PRIMITIVE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

14722 NW 7TH AVE. 665 NW 132 Street  
MIAMI FL 33168  
MIAMI FL 33168  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

665 NW 132 Street

Suite, Apt. #, etc.  
SAME

Suite, Apt. #, etc.

City & State  
Miami Fla

City & State

Zip  
33168

Country  
Dade

Zip  
Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/17/1997

5. FEI Number

65-0770385

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SIMILIEN, MARTIN	530 N.W. 116TH TERR.	MIAMI FL
VD	SIMILIEN, LUC	500 N.W. 117 Street	MIAMI FL
SD	SIMILIEN, VIERGELIE	530 NW 116TH TERR.	MIAMI FL
TD	SIMILIEN, ANNA	1145 N.W. 116 Street	MIAMI FL
			900003284389-9 -06/12/00--01024--006 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMILIEN, MARTIN  
530 N.W. 116TH TERR.  
MIAMI FL

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date 4/15/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00  
10-12-99 (305) 687-7819

CR2E040 (8/99)