APPLICATION POR REINSTATEMENT FLORIDA DÉPARTMENT OF STATE Sandra B. Mortham Secretary of State DVISION OF CORPORATIONS FLILED DOCUMENT # N97000005653 98 DEC 24 AM 8: 39 98 DEC 24 AM 8: 39 1. Corporation Name Secretary of State DVISION OF CORPORATIONS 98 DEC 24 AM 8: 39 1. Corporation Name Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address Mailing Address If above addresses are incorrect in any way, line through incorrect Information and enter correction black. Clipt & State 2. New Pencipal Office Address, if Applicable S. New Melling Office Address, if Applicable 4. One Incorporated of Clautified To be Business in Florida Zip Country Zip Country 5. FEI Number Mailing Office Address of Fach More and/or Director June Street Address of Street Address of Each Officer and/or Director (Florida Inoprofit corporations inus list at least 3 directors) 4. Only / State / Zip Title(\$) 2 Street Address of Fach More and/or Director 3. (Do NOT Use Foot Office Texmened Clauted To a condition foor Numbers)		PLEASE READ	ALL INST	RUCTIONS	BEFORE	COMPLET	ING THIS FORM.	
		FOR)	Sandra B. Mortham Secretary of State				
THE HOLY ORDER OF THE CHERUBIM & SERAPHIM CHURCH H MOVEMENT, INC. SECORETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Buildings Malling Address Version of State of Address, and Property of Address,							98 DEC 24 AM 8: 39	
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If above address of a noncreat in any way, line through incorrect information and ever correction below. If above address in Applicable Suite, Apt. #, etc. City & State Ci						 } 4 980)1746(80		
Suite, Apt. #, etc. Suite, Apt. #, etc. In to D Number Similars in Findes City & State City & State S. FEI Number In to D Number Similars in Findes Zip Country Zip Country S. FEI Number In to Applicate Correct Applications Zip Country Zip Country S. FEI Number Interpretations Zip Country Zip Country S. FEI Number Interpretations The Country Zip Country S. FEI Number Interpretations State Applications 7. Names and Street Address of Each Officer and/or Director Chird Applications State Applications State Applications The Country 2 Country State Applications Country State Applications The Country 2 Country State Applications Country State Applications The Country 3 Country State Applications Country State Applications DP EXPERT, AUGUSTIN S 20300 NW 33RD COURT MAM FL 33020 Name Name and Address of Current Registered Apent By State Applications State Applications State Applications </td <td>HOLLYWO</td> <td>OD FL 33020</td> <td>HOLLYWOOD</td> <td>FL 33020</td> <td>x</td> <td>1</td> <td></td>	HOLLYWO	OD FL 33020	HOLLYWOOD	FL 33020	x	1		
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Zip Country Zip Country Certify Cerify Cerify Certify C	City & Sta	te	City & State				6 Applied For	
Tute(s) Name of Officers Street Address of Each (Do NOT Use Post Officer and/of Director 3 (Do NOT Use Post Officer and/of Director 4 (Director) City / State / Zip DP EKPETI, AUGUSTIN S 20300 NW 33RD COURT MIAMI FL 33020 D OLOWOYE, TOM 1625 SOUTH 21ST AVE. HOLLYWOOD FL 33020 D ADEJOBI, 1625 SOUTH 21ST AVE. HOLLYWOOD FL 33020 D ODUWU, SLL ESTHER 1625 SOUTH 21ST AVE. HOLLYWOOD FL 33020 E Name and Address of Current Registored Agent Name Street Address of New Registered Agent E Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Total appointed the recurrend agent? The above named Scopponetion, and Emplater with and accept the obligations of Saction 607.0505, F.S. Street Address (P.O. Box Number is Not Acceptable) 10. 1. being appointed the recurrend agent? The above named Scopponetion, and Emplater Min and accept the obligations of Saction 607.0505, F.S. Street Address (P.O. Box Number is Not Acceptabl	Zíp	Country	Zip Country 6				E OF STATUS DESIRED A for a Certificate of Status	
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City State State Zip Code 10. 1, being appointed the regenered agent of the above named corporation, an famillar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTRED AGENT MUST SIGN 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.) 12. 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 119.07(3)(i), F.S. The information indicated on this application information indicated 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 informed accurate, and my signature shall have the same legal effect as if made under oath.							-11/11/2301001 000	
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12. 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.		his corporation owes or ha	s paid th	e current ye		 Na [7]		
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