

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 24 AM 8:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000005653

1. Corporation Name
THE HOLY ORDER OF THE CHERUBIM & SERAPHIM CHURCH MOVEMENT, INC.

Principal Place of Business	Mailing Address
1625 SOUTH 21ST AVE. HOLLYWOOD FL 33020	1625 SOUTH 21ST AVE. HOLLYWOOD FL 33020



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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	10/06/1997
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	EKPETI, AUGUSTIN S	20300 NW 33RD COURT	MIAMI FL 33056
DS	PARKINSON, FEMI	1625 SOUTH 21ST AVE.	HOLLYWOOD 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

8. Name and Address of Current Registered Agent

EKPETI, AUGUSTIN S
 20300 NW 33RD COURT
 MIAMI FL 33056

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) 300002733629--7
 Suite, Apt. #, Etc. -01/07/99--01081--022
 City State Zip Code
 245.00 State FL Zip Code *245.00

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: 12/20/98
 REGISTERED 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 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)(f), 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 REQUIRED** Augustin S Ekpeti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 12/20/98 Daytime Phone #: 305 655 1715

CR2E040 (9/98)