

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 26 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N97000005985

1. Corporation Name

Church of God Discipleship Mission Inc.

2. Principal Office Address

4479 N.W. 43 CT

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33319

Country

America

3. Mailing Office Address

4479 N.W. 43 Court

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33319

Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

98

SP

5. FEI Number

☒ 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

Gladys W. Brown

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

4479 N.W. 43 Court

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State
FL

Zip Code

33319

100003856511-4

-03/16/01--01094--030

*****358.50 *****358.50

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

Gladys W. Brown

REGISTERED AGENT MUST SIGN

Date 4/27/00

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
President	Gladys Brown D	4479 N.W. 43 Court	Lauderdale Lakes, FL 33319
Treasurer	George Skeen T	4330 N.W. 3 CT	Plantation, FL 33317
Secretary	Charmaine HART T	4479 N.W. 43 Court	Lauderdale Lakes FL 33319

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 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

5/31/00

Daytime Phone #