

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 25 AM 11:35
STATE
TALLAHASSEE

DOCUMENT # *N98000000615*

1. Corporation Name

*First International pentecostal church
of GOD INC*

600015561786
04/03/03--01073--001 **236.25

600015561786
04/22/03--01061--028 **61.25

2. Principal Office Address

5702 NW 7 av

Suite, Apt. #, etc.

3. Mailing Office Address

19625 NW 12 CT

Suite, Apt. #, etc.

City & State

MIA FL33

City & State

MIA FL

Zip

33127

Country

DADE

Zip

33169

Country

DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-02-98

5. FEI Number

650805538

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

Bishop Elite's DALGER

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

19625 NW 12 CT

Suite, Apt. #, Etc.

City

MIAMI

REINSTATEMENT *02-03* **FLTS**

FL

Zip Code

33169

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**

Bishop Elite's DALGER
REGISTERED AGENT MUST SIGN

Date *02-25-03*

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
<i>DR</i>	<i>Bishop Elite's DALGER</i>	<i>19625 NW 12 CT</i>	<i>MIA FL 33169</i>
<i>DR</i>	<i>Imania DALGER</i>	<i>18625 NW 12 CT</i>	<i>MIA FL 33169</i>
<i>TS</i>	<i>Guillemetoriber</i>	<i>1001 NW 6 CT</i>	<i>Pampono beach FL 33060</i>
<i>Deacon</i>	<i>Nortelus pzedelus</i>	<i>2010 NE 162 ST apt 2</i>	<i>N.M.B. FL 33162</i>
<i>DR</i>	<i>Secretary Lisa Rodriguez</i>	<i>411 NE 180 DR</i>	<i>N.M.B. FL 33162</i>

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:

Bishop Elite's DALGER *02-25-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)