

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 13 AM 10:04

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N 98 000004642*

1. Corporation Name

Church of God of Faith In Jesus-Christ, Inc

2. Principal Office Address - No P.O. Box #

445 Depot Dr.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Office Address

5096 Brian Blvd

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33472

Country

USA

300129193013

05/13/08--01005--029 \*\*481.25

REINSTATEMENT *04-08*

4. Date Incorporated or Qualified  
To Do Business in Florida 11/13/00

5. FEI Number  
65-0905658

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

Memon Law Group

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

2500 Quantum Lakes Dr

Suite, Apt. #, Etc.

203

City

Boynton Beach

State

FL

Zip Code

33426

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Barbara Memon*

REGISTERED AGENT MUST SIGN

Date 04/24/08

**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
P	Louis Augustin	5096 Brian Blvd	Boynton Beach, FL 33472
D	Roland Pierre Valcin	216 NW 6th Ave	Boynton Beach, FL 33435
T	Edelais Paul	7635 Colonie Palm Dr	Boynton Beach, FL 33436

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 contained in Chapter 119, 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:

*Louis Augustin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 *601-396-6229*

Date

Daytime Phone #

*5/16/08*