

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 17 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004929

1. Corporation Name

BREAD OF LIFE PILGRIMAGE CHURCH OF GOD, INC.

Principal Place of Business

1460 NW 54th Ave.  
Lauderhill, FL 33313

Mailing Address

1460 NW 54th Ave.  
Lauderhill, FL 33313

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

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

08/24/1998

5. FEI Number

65-0857222

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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
PD	McGLASHEN, DESMOND	1460 N.W. 54th Ave.	Lauderhill, FL 33313
SD	McGLASHEN, ALMA	1460 N.W. 54th Ave.	Lauderhill, FL 33313
TD	FOSTER, RICHARD I.	6583 Saltaire TERR.	Margate, FL 33063
			200003145422- - 4 -02/24/00--01004--022 ****297.50 ****297.50 200003145422- - 4 -02/24/00--01004--023 ****8.75 ****8.75

8. Name and Address of Current Registered Agent

McGLASHEN, DESMOND

1460 NW 54th Ave.  
Lauderhill, FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Desmond McGlashen*

REGISTERED AGENT MUST SIGN

Date

2/12/2000

11. This corporation owes 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)(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:

*Desmond McGlashen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DESMOND McGLASHEN President

2/12/00

Date

954/533-5087

Daytime Phone #

KE

CR2E081 (12/98)