

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 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005314

1. Corporation Name

VICTORY OUTREACH CHURCH OF GOD MINISTRIES, INC.

Principal Place of Business

Mailing Address

Victory Outreach Church of God Ministries Inc.
18800 N.W. 2nd Avenue
Suite 217, Miami, FL 33169-4044

P.O. Box 694594
Miami, FL 33269



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0894781

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	MCKENZIE, OSCAR H	4501 NW 202ND ST	OPA LOCKA FL 33055
ASTD	WATSON, GWENDOLYN	980 SULTAN AVE	OPA LOCKA FL 33054
ASTD	DUGGAN, MAVIS	165 NW 197TH ST	MIAMI FL 33169
VD	DUGGAN, FREDERICK	165 NW 197TH ST	MIAMI FL 33169
D	DUGGAN, MURIEL	165 NW 197TH ST	MIAMI FL 33169

8. Name and Address of Current Registered Agent

REINSTATEMENT 99-0011TS

Name and Address of New Registered Agent

GROVE, CHARLES H

12550 BISCAYNE BLVD, SUITE 303
N MIAMI FL 33181

Name

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

700003164467-0

Suite, Apt. #, Etc.

03/03/00-01100-011

City

****297.50

State

Zip Code

FL

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 11-23-99

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-99

(305-621-2557)

CR2E040 (8/99)