

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -6 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



DOCUMENT # N98000005626

1. Corporation Name

FRESH ANOINTING CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

232 WEST 8TH STREET
APOPKA FL 32703

232 WEST 8TH STREET
APOPKA FL 32703
6736 Goldeneye dr
Orlando, FL 32810

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1998

5. FEI Number

59-3536956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addtional 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	4. City / State / Zip
PD	ROSE, RICKY	6736 GOLDENEYE DRIVE	ORLANDO FL 32810
CD	HICKS, TOMMY	1111 SOUTH CENTRAL	APOPKA FL 32703
SD	ROSE, CHARLENE ANDERSON, NATASHA	6736 Goldeneye drive 14015 SIPLIN STREET	Orlando FL, 32810 WINTER GARDEN FL 34787
D	HICKS, BRUCIE	28 WEST 17TH STREET	APOPKA FL 32703
D	CARROLL, JUNIES	154 AVALON ROAD	WINTER GARDEN FL 34787
D	MURRAY, CARL	14 EAST ALBRATROSS STREET	APOPKA FL 32712

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSE, RICKY
6736 GOLDENEYE DRIVE
ORLANDO FL 32810

Name

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

600003071746--0

Suite, Apt. #, Etc.

-12/15/99--01096--014

City

***236.25 ***236.25

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

Ricky Rose
REGISTERED AGENT MUST SIGN

Date 11-10-99

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:

Charlene Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE