## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

N98000005626 DOCUMENT #

1. Corporation Name

FRESH ANOINTING CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business Mailing Addroce SECRETARY OF STATE
DIVISION OF CORPORATIONS 01 OCT 16 PM 7: 26

	acc of Booms		manning ridge	Halling Address						
				6738 GOLDENEYE DR. ORLANDO FL 32810						
							20	0000465	526:	24
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							2000046552624 -10/26/0101067011			
				ing Office Address, If Applicable			4. Date Incorporated of Cultified 2 - 50 ****236 - 25 To Do Business in Florida 09/29/1998			
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number	<del></del>		Applied For
City & State			City & State	City & State			EO-SESCOEC		Not Applicable	
							i Ant Abb		1 1	
Zig.	Country		Zip	Zip Ci		<u>′</u>	CERTIFICATE OF STATUS DESIR		for a Cer	tional Fee required tificate of Status
7. mes a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofit	corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	ROSE, RICKY			6736 GOLDENEYE DRIVE			ORLANDO FL 32810			
CD	HICKS, TO	1111 SOUTH CENTRAL			APOPKA FL 32703					
SD	ROSE, CH/	6736 GOLDENEYE DRIVE			ORLANDO FL 32810					
D	HICKS, BR	28 WEST 17TH STREET			APOPKA FL 32703					
D	CARROLL,	154 AVALON ROAD				WINTER GARDEN FL 34787				
D	MURRAY, (	14 EAST ALBRATROSS STREET				APOPKA FL 32712				
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
						Name	· · · ·			
ROSE, RICKY						Street Address (P.O. Box Number is Not Acceptable)				
6736 GOLDENEYE DRIVE										
ORLANDO FL 32810			Suite, Apt. #, Etc.			· · · · · · · · · · · · · · · · · · ·	<del>- , ,,,,</del> -			
						City	State 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.

AD

Signature of Registered Agent

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 filling 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 approximate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR