

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN 18 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001688

1. Corporation Name

The Glorious Gospel of Christ church

2. Principal Office Address

9111 NW 22 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

Dade

3. Mailing Office Address

P.O. Box 69-4016

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33269

Country

Dade

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/1999

5. FEI Number

65-0902958

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

Kevin Washington

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

1701 SW 87 Terr

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

600003623306

02/01/01 01093 108

\*\*\*297.50 \*\*\*217.50

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

REGISTERED AGENT MUST SIGN

Date 1/16/2001

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/O	Kevin Washington	1701 SW 87 Terr	Miramar, FL 33025
V/O	Rachelle Washington	1701 SW 87 Terr	Miramar, FL 33025
T/O	Keith Herbert	1001 NW N. river dr.	Miami, FL 33136
S/O	Katherine Herbert	1001 NW N. river dr.	Miami, FL 33136

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 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:

Kevin Washington 1/16/2001 (954) 430-2764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)