

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000001688

1. Corporation Name

The Glorious Gospel of Christ Church, Inc

2. Principal Office Address

1125 N.E. 177th Terrace

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33162

Country

Dade

3. Mailing Office Address

1125 N.E. 177th Terrace

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33162

Country

Dade

FILED

04 AUG 30 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/30/04--01087--008 **367.50

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 12, 1999

5. FEI Number

65-0902958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SEE Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kevin Washington

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

1125 N.E. 177th Terrace

Suite, Apt. #, Etc.

City

North Miami Beach,

State

FL

Zip Code

33162

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**

Kevin Washington

REGISTERED AGENT MUST SIGN

Date

8/26/04

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/D	Kevin Washington	1125 N.E. 177 th Terrace	North Miami Beach, FL 33162
V/S	Rachelle Washington	1125 N.E. 177 th Terrace	N. Miami Beach, FL 33162
T	Keith Heabert	13890 N.E. 3 rd Ct. #418	North Miami, FL 33161

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

Kevin Washington

Date

8/26/04

Daytime Phone #

305-653-7683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (01/04)