4/14/11

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 12 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/12/11--01031--003 **297.50

CR2E081 (6/10)

DOCUMENT # N99 0000.01855

1. Corporation Name

Embassy Church Inc,

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Sue Neville Rev.	17005 N.W. 38 ct
	Mia. FL 33055
Suite, Apt. #, etc. 17005 N.W. 38 ct.	Suite, Apt. #, etc.
Miami FL 33055	
City & State	City & State
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/19/1986

5. FEI Number 65-0909287   ☐ 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   Sue Neville

Street Address (P.O. Box Number is Not Acceptable)
17005 n. w. 38 ct

Suite, Apt. #, Etc.   Miami FL. 33055

City | State FL | Zip Code

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 Sue Neville   Date 5/9/11

REGISTERED AGENT MUST SIGN

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
Title D	Sue, Neville Rev. 17005 N.W. 38 ct. Miami FL 33455		B5/12/11
S	Sue, Sharon 17005 N.W. 38 ct Miami FL 33053	REINSTATEMENT 10-11	
T	Copland Cedric 1840 N.E. 167 St II Miami FL 33162		

10. **E-mail Address:** _____
(To be used for future annual report notification)

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. I further certify, 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: _Neville Ann_   5/9/11   305-620-8293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #