

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -7 PM 12:16

DOCUMENT # N 4900004335

1. Corporation Name

Delray Beach National Church of God, Inc. BU 11/12/08
13128

2. Principal Office Address - No P.O. Box #

133 SW 13 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

11211 S. Military Tr

Suite, Apt. #, etc.

5324

City & State

Delray Beach, FL 33444

City & State

Boynton Beach, FL

Zip

33444

Country

USA

Zip

33436

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

☒ 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

EDITH THOMPSON

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

11211 S Military Tr

Suite, Apt. #, Etc.

5324

City

Boynton Beach,

State

FL

Zip Code

33435

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Edith M Thompson

Date

11-2-08

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
Pres	Lennard Jorcy	36 NW 13 Ave	Delray FL 33444
VP	Edith Thompson	11211 S. Military Tr 5324	Boynton Beach, FL 33436
Sec	Evaughan Lane	40 NW 13 Ave	Delray, FL 33444
TR	Kelsey Brooks	235 NW 6 Ave	Delray FL 33444

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 contained in Chapter 119, 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:

Edith Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-08

Daytime Phone #

561-255-2668