

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 22 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 199000005099

1. Corporation Name

Showers of Blessing Church of God in Christ Inc

2. Principal Office Address

5008 NW 57 Way

Suite, Apt. #, etc.

3. Mailing Office Address

5008 NW 57 Way

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33067

Country

USA

Zip

33067

Country

USA

REINSTATEMENT CR2E081 (12/05)

06-06

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/99

5. FEI Number

650935174

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

Clarence Jones

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

5008 NW 57 Way

Suite, Apt. #, Etc.

City

Coral Springs FL

State

FL

Zip Code

33067

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

Clarence Jones

Date

4/14/06

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
CPD	Clarence Jones	5008 NW 57 Way	Coral Springs FL 33067
SATD	Gregory Jones	1620 NW 1st Terr	Pompano Bch FL 33060
TASD	Edna Jones	5008 NW 57 Way	Coral Springs FL 33067

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07/11/06 01040 024 **358.75

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:

Clarence Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

954-345-7070

Daytime Phone #

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