

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N99000005099

1. Corporation Name

Showers of Blessing Church of God In Christ

2. Principal Office Address

3257 N. State Rd 17

Suite, Apt. #, etc.

City & State

Margate FL

Zip

33061

Country

USA

3. Mailing Office Address

5008 NW 57 Way

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

USA

REINSTATEMENT

00-03

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04/08/03--01001--005 **428.75

4. Date Incorporated or Qualified
To Do Business in Florida

9-22-2000

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

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

REGISTERED AGENT MUST SIGN

Date

4-1-03

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 1 st Terr	Pompano Bch FL 33060
TASD	Edna Jones	5008 NW 57 Way	Coral Springs FL 33067

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:

Clarence Jones Clarence Jones

4-1-03

Date

Daytime Phone #