

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 NOV 10 PM 4:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02829**

1. Corporation Name

**CHURCH OF JESUS CHRIST (APOSTOLIC) INCORPORATED**

Principal Place of Business

Mailing Address

P.O. BOX 450249  
 FT. LAUDERDALE FL 33345

P.O. BOX 450249  
 FT. LAUDERDALE FL 33345

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/25/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7158231

Applied For

Not Applicable

City & State

**REINSTATEMENT** 97

Zip

Country

Zip

Country

FL 11-12-97

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILLIAMS, BISHOP R.C.	691-11TH AVENUE	PATERSON NJ
V	WELCH, REV. J.N.	684 EAST 20TH STREET	PATERSON NJ
S	MCKOY, REV. W.G.	455 EAST 20TH STREET	PATERSON NJ
T	CAMERON, MRS. LINDA M.	317 EAST 32ND STREET	PATERSON NJ
D	COKE, DEACON W.A.	5 HENRY STREET	PATERSON NJ
D	WILLIAMS, REV. C.M.E.	691-11TH AVENUE	PATERSON NJ 07644-957-5 -11/12/97-01090-004

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, REV. C.M.E.  
 10825 NW 90 PLACE, #5  
 SUNRISE FL 33392

Name *Williams, Rev. C.M.E.*  
 Street Address (P.O. Box Number is Not Acceptable)  
 6045 18 ST S  
 Suite, Apt. #, Etc.

City *ST. PETERSBURG* State **FL** Zip Code **33712**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Rev. C.M.E. Williams*  
 REGISTERED AGENT MUST SIGN

Date *11/5/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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:

*Rev. C.M.E. Williams* 11/5/97 813-864-3477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)