

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 DEC -4 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800163327538
12/07/09--01001--002 **61.25

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0000002387

1. Corporation Name
FRESH FIRE WORSHIP CENTER, INC.

2. Principal Office Address - No P.O. Box # 3434 N. MONROE ST.		3. Mailing Office Address SAME	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State	
Zip 32303	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **4/11/2000**

5. FEI Number 200801859	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
REV. CHARLES PETTIS

Street Address (P.O. Box Number is Not Acceptable)
3434 N. MONROE ST.

Suite, Apt. #, Etc.

City TALLAHASSEE	State FL	Zip Code 32303
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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 *Rev. Charles Pettis* Date 12/4/09

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
PD	R. CHARLES PETTIS	3434 N. MONROE ST.	TALLAHASSEE, FL 32303

REINSTATEMENT

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: *Rev. Charles Pettis* Date 12/4/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RLH
(850) 879-3434