

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000003571

1. Corporation Name

BOUNTIFUL BLESSINGS CHURCH OF GOD, INC.

01 NOV -9 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SEBRING FL 33870

SEBRING FL 33870



REINSTATEMENT 2001

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

05/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCGAHEE, TIMOTHY	2902 GROUPE DR.	SEBRING FL 33870
D	KINCHEN, ROBERT L	112 FLORIDA DR.	SEBRING FL 33870
D	MASSALINE, DOROTHY	213 FLORIDA DR.	SEBRING FL 33870
			200004698852--1 -11/29/01--01070--005 *****236.25 *****236.25
			200004698852--1 -11/29/01--01070--006 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGAHEE, TIMOTHY
2902 GROUPE DR.
SEBRING FL 33870

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

"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

Timothy McGahee
REGISTERED AGENT MUST SIGN

Date

10/24/01

11. I certify that I am an officer or director of 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:

Dorothy Massaline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-01

Daytime Phone #

CR2E040 (8/01)