

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 2000002036

1. Corporation Name
First Believers Christian Center, Inc

2. Principal Office Address - No. P.O. Box #
83 Eagle View Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Tallahassee

City & State
Florida

Zip
32311

Country
USA

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
84-2131574

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
Leanne Little

Street Address (P.O. Box Number is Not Acceptable)
813 Eagle View Dr

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32311

400336545634
11/01/19--01006--014 **271.2

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

Date 11 Nov 2019

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 |
|--------|-----------------------------------|--|--------------------|
| CEO | Leanne Little | 813 Eagle View Dr | Tallahassee, FL |
| D | Daisy Bortson | 813 Eagle View Dr | Tall FL 32311 |
| D | Tammy Bortson | 813 Eagle View Dr | Tall FL 32311 |
| | | | |
| | | | |

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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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 317.155, F.S.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/1/2019 Daytime Phone #

FILED
2019 NOV - 1 PM 2: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)