

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:52

DOCUMENT # **N17966**

1. Corporation Name

**HEARTLAND WORSHIP CENTER, INC.**

Principal Place of Business

Mailing Address

2874 E IRLO BRONSON  
KISSIMMEE FL 34744  
US

2874 E IRLO BRONSON  
KISSIMMEE FL 34744  
US



REINSTATEMENT

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

11/25/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2720045

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	SMITH, GARY	2001 GRANADA BLVD	KISSIMMEE FL
SD	SMITH, JANIS	2001 GRANADA BLVD	KISSIMMEE FL
D	CHASE, PAUL	92 ANGELES STREET, ALABONG HILLS	MUNTINLUPA M.
D	MILES, HOUSTON	200 EVANGEL ROAD	SPARTANBURG SC
			800004679458--4 -11/14/01--01091--009 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, GARY  
2874 E. IRLO BRONSON HIGHWAY  
KISSIMMEE FL 32742

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

AD

Signature of Registered Agent

*Gary Smith*  
REGISTERED AGENT MUST SIGN

Date

10-18-01

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 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:

*Gary Smith President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-01

407 847 9397

CR2E040 (8/01)