

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 15 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003484

1. Corporation Name

Bread of Life Christian Center Ministries,
Inc.

2. Principal Office Address

9222 W Atlantic Blvd

Suite, Apt. #, etc.

Apt# 1337

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Office Address

PO BOX 405

Suite, Apt. #, etc.

N/A

City & State

Deerfield Beach, FL

Zip

33443

Country

USA

REINSTATEMENT 97-04

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

8/03/1993

5. FEI Number

592395775

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

George M. Bowles

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

9222 W. Atlantic Blvd, Apt#1337

Suite, Apt. #, Etc.

Apt# 1337

City

Coral Springs, FL 33071

State

FL

Zip Code

33071

400030473844

03/15/04--01048--012 **490.00

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

George M. Bowles

REGISTERED AGENT MUST SIGN

Date March 10, 2004

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
D/C	George M. Bowles	9222 W. Atlantic Blvd	Coral Sprgs FL 33071
D	Jestina Bowles	9222 W Atlantic Blvd	Coral Sprgs FL 33071
D	Eddie Gillion	613 NW 2 Terr,	Deerfield Bch FL 33441

10. 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 118.07(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:

George M. Bowles

George M. Bowles

3/10/04

954-753-5198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

March 10, 2004

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am forwarding this letter to you to request that you will strongly consider and comply to our request to waive all penalty fees against our corporation. I am basing this inquiry on the fact that since September 26, 1997 our ministry has relocated on several occasions and because of our moving about to new locations, our mail has been lost in transit. Our Annual Report was not received, and of course the corporation has gone inactive. We are currently attempting to reactivate the corporation and proceed with our regular operations. Therefore upon your consideration, please review the application and the fee of \$490.00 favorably and reinstate our corporate status. Thank you for your time and sincere cooperation in this matter.

Sincerely,



Pastor George M. Bowles
Bread of Life Christian Center Ministries, Inc.
FEI#592395775
Document #N93000003484