

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 AUG 23 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DOCUMENT # N94000003972

1. Corporation Name

Covenant Worship Church, Inc.

2. Principal Office Address - No P.O. Box #

5817 Doryway

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

USA

3. Mailing Office Address

5817 Doryway

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

USA

4. Date Incorporated or Qualified To Do Business In Florida

08/10/1994

5. FEI Number

59-3200306

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

Ricky Reynolds

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

5817 Doryway

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33615

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

*Ricky Reynolds*

REGISTERED AGENT MUST SIGN

Date 8/9/07

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
P/D	Jeffrey E. Davis	106 Sycamore Drive	Clemson, SC 29631
S/D	Joni Davis	106 Sycamore Drive	Clemson, SC 29631

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 contained in Chapter 119, 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:

*Jeffrey E. Davis*

Jeffrey E. Davis

4/12/07

864-654-7796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #