

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200104945552
06/27/07--01055--005 **306.25

REINSTATEMENT 06-07

CR2E081 (1/07)

DOCUMENT # 739994

1. Corporation Name

THE MIRACLE GOSPEL HOUSE REVIVAL CENTER FOR YOUTH, INCORPORATED

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

3800 AUSTRALIAN AVE

Suite, Apt. #, etc.

AVE

City & State

WEST PALM BEACH, FL

Zip

33407

Country

UNITED STATES OF AMERICA

3. Mailing Office Address

1233 45TH STREET

Suite, Apt. #, etc.

A7

City & State

WEST PALM BEACH, FL

Zip

33407

Country

UNITED STATES OF AMERICA

4. Date Incorporated or Qualified
To Do Business In Florida

NOT APPLICABLE

5. FEI Number

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 **OVERSEER EVELYN BANNISTER**

Street Address (P.O. Box Number is Not Acceptable) **3800 AUSTRALIAN AVE.**

Suite, Apt. #, Etc.

City **WEST PALM BEACH**

State **FL**

Zip Code **33407**

☐ 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

Evelyn Bannister
REGISTERED AGENT MUST SIGN

Date **05/09/07**

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	EVELYN BANNISTER	3800 AUSTRALIAN AVE.	WEST PALM BEACH, FL 33407
VP/D	TRAVIS L. BANNISTER	607 8TH STREET APT. 5	WEST PALM BEACH, FL 33401
D/M	VICTOR M. BANNISTER, JR.	515 DATE PALM DR.	LAKE PARK, FL 33403
D/T	LASHAWN ADGERSON	1001 36TH STREET APT. H28	WEST PALM BEACH, FL 33407
C	LORETTA ANDERSON	1924 DOUGLAS APT. 3	WEST PALM BEACH, FL 33402

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:

Evelyn Bannister Evelyn Bannister (561) 844-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/27
aw