PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
1997 NOV -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746851**

1. Corporation Name

PRAISE CATHEDRAL OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
3206 CAPITAL CIR., NW TALLAHASSEE FL 32303 US	3206 CAPITAL CIR. NW TALLAHASSEE FL 32303 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/23/1979

5. FEI Number: 41-0220608 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	~~SHIELD, THOMAS~~ William B. EVANS	~~1000 TAMARANA TRAIL~~ 1111 Bonnie DR.	~~HAVANA FL~~ TALL., FL. 32304
VD	~~WEST, EDWIN~~ John Cato	~~2920 N. SETTLERS SPRINGS~~ 2036 Shady OAK DR.	~~TALLAHASSEE FL~~ Tall., FL. 32303
D	CAUSEY, JOHN	HC02 BOX 7793	TALLAHASSEE FL 32310
T	REEVES, ~~PHILIP~~ Phyllis	2403 E W THARPE STREET	TALLAHASSEE FL 32303

REINSTATEMENT 11/6/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~HAYES, DAVID E.~~ ~~9417 BUCKHAVEN TRAIL~~ ~~TALLAHASSEE FL 32312~~	Name: William B. EVANS Street Address: (P.O. Box Number is Not Acceptable) 1111 Bonnie DR. Suite, Apt. #, Etc. City: TALLAHASSEE State: FL Zip Code: 32304

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CR2E040 (8/97)

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.

Signature of Registered Agent: William B Evans (REGISTERED AGENT MUST SIGN) Date: 11/1/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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: John J. Cato 11/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #