

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 JAN 14 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 767958

1. Corporation Name

Calvary Full Gospel Tabernacle, Inc

2. Principal Office Address

5291 NW 140th St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1790

Suite, Apt. #, etc.

City & State

Chiefland Fla

Zip

32626

Country

USA

City & State

Chiefland Fl

Zip

32644

Country

USA

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

4-14-83

5. FEI Number

59-2304682

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Name and Address of Current Registered Agent

Name

John C. Wetherington

800003113778-1

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

5291 NW 140th St

01/28/00-01006-004

****236.25 ****236.25

Suite, Apt. #, Etc.

City

Chiefland

State

FL

Zip Code

32626

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

John C. Wetherington

REGISTERED AGENT MUST SIGN

Date Jan 13, 2000

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
PD	John C Wetherington	5291 NW 140th St	Chiefland Fl 32626
VD	KAREN M Wetherington	5291 NW 140th St	Chiefland Fl 32626
STD	Vicki K. Gregory	781 110th Terrace	Chiefland Fl 32626
D	Varita Powers	8554 E. Henderson Trail	Inverness Fl 34450

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 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:

Karen M. Wetherington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN M. Wetherington

1-14-2000

Date

352 493-2730

Daytime Phone #

KE