

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 PM 12:13

DOCUMENT # F98000004873

1. Corporation Name

FULL GOSPEL TABERNACLE
INTERNATIONAL

2. Principal Office Address

1219 E 17TH AVE

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FL

Zip

33605

Country

USA

3. Mailing Office Address

PO BOX 76533

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33675

Country

USA

REINSTATEMENT 01-03

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

8/27/98

5. FEI Number

34-1820386

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

APOSTLE / DR. SHARON E. JEFFERSON

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

1219 E 17TH AVE. 000025898850

Suite, Apt. #, Etc.

12/31/03--01056--012 ***367.40

City

TAMPA

State

FL

Zip Code

33605

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

APOSTLE S. JEFFERSON

REGISTERED AGENT MUST SIGN

Date

12/9/03

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
PRES	APOSTLE S. JEFFERSON	1219 E 17TH AVE	TAMPA, FL 33605
VICE PRES	APOSTLE RICK KENDALL	1967 SW SYLVESTER LN	PORT ST LUCIE, FL 34984
SECR. TRES	APOSTLE GURTEL MARTIN	1812 FRENCH CREEK RD #12	TAMPA, FL 33613

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:

APOSTLES JEFFERSON 12/9/03 813-2293066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Full Gospel Tabernacle of Praise International
PO Box 76533

Tampa, Fl 33675-1533

(813) 229-3066
(813) 468-0593

Apostle Dr. Sharon E. Jefferson
Founder/Overseer/Visionary

shar8jffrs3@aol.com



December 18, 2003

Dear Sirs:

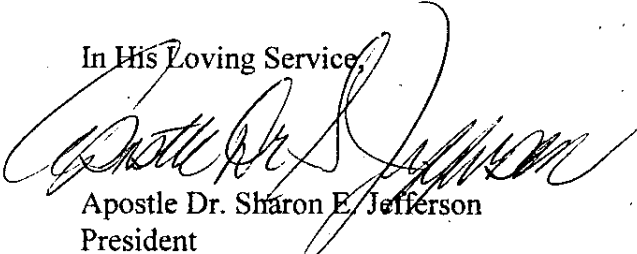
Please find enclosed the necessary paper work to reinstate the following ministries:

Full Gospel Tabernacle of Praise International

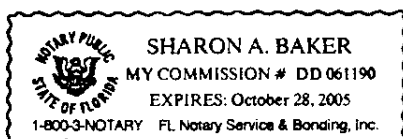
Women Armed and Dangerous International

While the ministries were operating in the country of Belize our mail was to be forwarded to us. However, **we never received any notice from the State of Florida** concerning these ministries. We are enclosing \$183.75 per each ministry for full reinstatement. Thanking you in advance concerning these matters.

In His Loving Service,


Apostle Dr. Sharon E. Jefferson
President

cc/file



Sharon A. Baker