

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003232

1. Corporation Name

HIS GREAT COMMISSION, INC.

REINSTATEMENT 83



000024714720

12/10/03--01060--011 **78.75

Principal Place of Business

Mailing Address

1201 S FLAGLER DR
21 F
WEST PALM BEACH FL 33401
US

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21 F
WEST PALM BEACH FL 33401
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

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1013189

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 - 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DO	KRANTZ, BARBARA	18214 RIVER OAKS DRIVE	JUPITER FL 33458
DO	HERRERA, LILLIANA	525 KIRK ROAD, APT 106A	WEST PALM BEACH FL 33406
D	DELGADO, MONICA	6266 TERRA ROSA CIRCLE	BOYNTON BEACH FL 33437

000024714720
11/14/03--01076--006 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.

526 E. PARK AVE

TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

L. Herrera

REGISTERED AGENT MUST SIGN

Date

11/10/03

11. 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:

LILLIANA HERRERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

Daytime Phone #

CR2E040 (7/03)