

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 19 PM 2:32

THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003537

1. Corporation Name

FIRST BORN WORSHIP CENTER, INC.

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

500 NE. 112 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

4162 Abbottsford St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

North Port, FL

Zip

33161

Country

U.S.A.

Zip

34287

Country

U.S.A.

400180501344

05/06/10--01041--017 **227.50

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2000

5. FEI Number

65-1013745

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

George Bennett

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

4162 Abbottsford St.

Suite, Apt. #, Etc.

City

North Port.

State

FL

Zip Code

34287

☒ 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

George Bennett

REGISTERED AGENT MUST SIGN

Date 5/2/2010

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.	George Bennett	4162 Abbottsford St.	North Port, FL 34287
GS	Belinda Bennett	4162 Abbottsford St.	North Port, FL 34287
D	Roy Davis	745 Kellstadt St	Port Charlotte, 33952
D	Dorcas Amsterdam	4715 Maccaughey Dr	North Port 34287

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05/20/10--01004--012 **183.75

10. E-mail Address:

(To be used for future annual report notification)

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. Further certify, 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:

George Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/2010

Date

Daytime Phone #