

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N00000004867

1. Corporation Name

The Potter's House
a church fellowship

2. Principal Office Address

2840 Forest Hill Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2840 Forest Hill Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

WPB FL

Zip

33406 USA

Zip

33406

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-2000

5. FEI Number

65-1006600

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

Patrick Mercadante

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

5800 Fernley Dr. West #84

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code
33415

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

Patrick Mercadante

REGISTERED AGENT MUST SIGN

Date 11-15-02

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
Dir.	Patrick Mercadante	5800 Fernley Dr. West #84	WPB FL 33415
Officer/Sec.	Patrick C. Mercadante	1328 Pines Lane	WPB FL 33415
Dir.	Jose Echeverria	2840 Forest Hill Blvd.	WPB FL 33406
Dir.	Ann Marie Mercadante	5800 Fernley Dr. West #84	WPB FL 33415

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:

Patrick Mercadante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-02 (561) 434-9668

Date

Daytime Phone #

CR2E081 (8/01)

11/26