

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 OCT 21 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004868**

1. Corporation Name

**THE POTTERS HOUSE, A CHURCH FELLOWSHIP INC.**

Principal Place of Business

Mailing Address

2840 FOREST HILL BLVD  
WEST PALM BEACH FL 33406

2840 FOREST HILL BLVD  
WEST PALM BEACH FL 33406

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

05/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2840 Forest Hill

2840 Forest Hill Blvd.

City & State  
West Palm Beach Fl.

City & State  
West Palm Beach Fl.

Zip  
33406

Country  
Palm Beach

Zip  
33406

Country  
Palm Beach

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DO	MERCADANTE, PATRICK	5800 FERNLEY DR WEST #84	WEST PALM BEACH FL 33415
D	ECHVERRIA, JOSE	2840 FOREST HILL BLVD	WEST PALM BEACH FL 33406
D	MERCADANTE, ANN MARIE	5800 FERNLEY DR WEST	WEST PALM BEACH FL 33415

500023964195  
10/21/03--01035--020 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERCADANTE, PATRICK  
5800 FERNLEY WEST  
WEST PALM BEACH FL 33415

Name

Mercadante, Patrick

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

5800 Fernley West

Suite, Apt. #, Etc.

West Palm Beach

City

West Palm Beach

State

FL

Zip Code

33415

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

*Patrick Mercadante*

Date 10-9-03

REGISTERED AGENT MUST SIGN

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:

*PATRICK MERCADANTE PASTOR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56/  
10-9-03 315-3825

Date

Daytime Phone #

CR2ED40 (7/03)