

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 15 AM 9:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007008

1. Corporation Name

Prayer Tabernacle Ministries Centre, INC.

300136245659
09/23/08--01008--014 **428.75

REINSTATEMENT 02-08

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

15772 NW 7th Avenue

Suite, Apt. #, etc.

Apt.C

City & State

Miami, FL

Zip

33169

Country

USA

3. Mailing Office Address

15772 NW 7th Avenue

Suite, Apt. #, etc.

Apt.C

City & State

Miami, FL

Zip

33169

Country

USA

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

10/20/2000

5. FEI Number

65-1065291

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

Yewande Sode

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

15772 NW 7th Avenue

Suite, Apt. #, Etc.

Apt.C

City

Miami

State
FL

Zip Code
33169

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
PD	Sode, Yewande	15772 NW 7th Ave Apt. C	Miami, FL 33169
VD	Pierre, Chantel	15772 NW 7th Ave Apt. C	Miami, FL 33169
VD	Riley, Patricia	4391 NW 19th Street Apt. 285	Lauderhill, FL 33313

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yewande Sode

Date

(305)681-6196

Daytime Phone #