

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

.11 MAY 13 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000000566**

1. Corporation Name

**Vision From God Center
Holiness Church**

~~W11000027312~~

REINSTATEMENT 04-11

400201905894

04/14/11 -- 040257-004 **673.75

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

215 Hwy 17 NO

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 416

Suite, Apt. #, etc.

City & State

Palatka, FLA

City & State

East Palatka, FL

Zip

32127

Country

Zip

32131

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ Appear For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PASTOR Doris A. Dawson

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

1102 NO. 17th Street

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

☐ 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.

JB 5/13

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

Doris A. Dawson

Date **4-12-11**

REGISTERED AGENT MUST SIGN

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
PASTOR	Doris A. Dawson	1102 NO. 17th St	Palatka, FL 32177
ASST. PASTOR	Regina McGlarkins	1620 Eagle St	Palatka, FL 32177
CLERK	SALLY EDWARDS	1619 Eagle St	Palatka, FL 32177

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:

Pastor Doris A. Dawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-11- 972 3817

Date

Daytime Phone #

(386)