

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N01000002577**

1. Corporation Name

**ZION TABERNACLE, INC.**

Principal Place of Business

Mailing Address

**350 W WEATHERBEE ROAD  
FT PIERCE FL 34982**

**350 W WEATHERBEE ROAD  
FT PIERCE FL 34982**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/09/2001**

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	KENDALL, PAUL	350 W WEATHERBEE ROAD	FT PIERCE FL 34982
DV	KENDALL, EVIE	350 W WEATHERBEE ROAD	FT PIERCE FL 34982
DS	KENDALL, RICHARD	1967 SW SYLVESTER LN	PORT ST LUCIE FL 34984

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KENDALL, PAUL  
350 W WEATHERBEE ROAD  
FT PIERCE FL 34982**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Paul Kendall*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11-3-03**  
**11-3-03**

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:

*Paul Kendall*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/3/03**

FILED  
03 NOV 10 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 03

500024568585  
11/10/03--01085--014 \*\*183.75

CR2040 (8/02)

*Zion Tabernacle*  
*350 W. Weatherbee Road*  
*Fort Pierce, Fl 34981*

*772-466-4017*

November 5, 2003

To whom It May Concern;

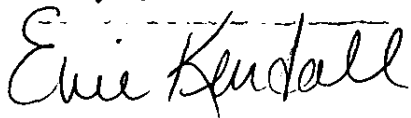
To the best of our knowledge Zion Tabernacle did not receive two UBR notices.

Zion Tabernacle is a church that is just now in the process of being planted in the city of Fort Pierce. I can sent you copies of our bank statements that can verify little or no transaction for the last two years up until the last 2 months.

Please accept our fees of \$ 61.25 for 2001, 2002 and 2003 and reinstate our non profit corporation. This dollar amount alone is a stretch for a church that only receives about \$400.00 to \$500.00 a month in giving. Any other fees would be most difficult.

We will be sure that all paper work in the future is timely.

Thank you,

A handwritten signature in cursive script that reads "Evie Kendall". The signature is written in dark ink and is positioned above the printed name.

Evie Kendall