

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 10 PM 2:12

DOCUMENT # **N01000003269**

1. Corporation Name

**RAISE-TO-PRAISE CHRISTIAN FELLOWSHIP, INC.**

Principal Place of Business

**2328 APALACHEE PKWY.  
TALLAHASSEE FL 32301**

Mailing Address

**1543 BREAMSTONE RIDGE  
TALLAHASSEE FL 32312**



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

**05/09/2001**

5. FEI Number

**02-0531379**

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
D	BARBER, CLAUDETTE	1543 BREAMSTONE RIDGE	TALLAHASSEE FL 32312
D	PATTERSON, LOUISE	1543 BREAMSTONE RIDGE	TALLAHASSEE FL 32312
D	BARBER, JAMESE	1543 BREAMSTONE RIDGE	TALLAHASSEE FL 32312

200023909772  
10/17/03 01003 012 \*\*70.00

8. Name and Address of Current Registered Agent

**BARBER, CLAUDETTE  
1543 BREAMSTONE RIDGE  
TALLAHASSEE FL 32312**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Claudette Barber* **SIGNATURE REQUIRED**

Date

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:

*Claudette Barber* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 10, 2003

Ms. Glenda Hood  
Secretary of State  
State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314


RE: Doc #N01000003269

Dear Secretary Hood:

This is in reference to a letter I received on September 19, 2003, regarding failure to submit an annual report (2003 Corporation Annual Report/Uniform business report in accordance with Florida Statutes) for Raise-To-Praise Christian Fellowship, Inc.

This letter is to advise you that to date I did not receive any prior notices regarding the annual notification statement. Thanks for your time.

Sincerely,

A handwritten signature in cursive script that reads "Claudette Barber".

Claudette Barber