

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -6 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000603811

1. Corporation Name

Glad Tidings Assembly Inc.

REINSTATEMENT 02-04

000026170820
01/06/04--01062--015 **236.25

2. Principal Office Address

2200 Silver Star Rd

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32804 Orange

3. Mailing Office Address

P.O. Box 683424

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32818 Orange

4. Date Incorporated or Qualified
To Do Business in Florida

06-01-2001

5. FEI Number

30-0076266

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

Ellis Ward

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

7326 Habbershane Dr.

Suite, Apt. #, Etc.

P.O. Box 683426

City

Orlando

State

FL

Zip Code

32818

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

Ellis Ward

REGISTERED AGENT MUST SIGN

Date 12-30-03

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	Ward, Ellis	7326 Habbershane Dr.	Orlando FL 32818
D	Johnson, Marion	2204 Savoy Dr.	Orlando FL 32808
T	Ward, Bernice	7326 Habbershane Dr.	Orlando FL 32818
D	Johnson, Erskine	2204 Savoy Dr.	Orlando FL 32808

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 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:

Ellis Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03

Date

Daytime Phone #

CR2E081 (10/02)

2022

Glad Tidings Assembly INC
Orlando Florida 32818
P.O. Box 683426

December 31st 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314:

Dear Sir or Madam:

I am writing to let
you know to please send all letters and
certificate to the address and P.O. Box
above.

The reason you did not hear from
our organization is because we had change
our address and did not get or received
any letters from your department.

So we are asking for Reinstatement.

Sincerely,

Ellis Ward

ELLIS WARD