


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <del>REINSTATEMENT</del> 3000 AR		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>NO1000006718</b>			
1. Corporation Name <b>Morning Glory Fellowship, Inc.</b>			
2. Principal Office Address <b>P.O. Box 121101</b>		3. Mailing Office Address <b>3341 N.W. 15<sup>th</sup> place</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ft. Lauderdale, Fla</b>		City & State <b>Ft. Lauderdale, Fla</b>	
Zip <b>33312</b>	Country	Zip <b>33311</b>	Country

FILED

06 MAY 25 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2006 Annual Report**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-1144762** 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 **Dorothy S. Sutton**

Street Address (P.O. Box Number is Not Acceptable)  
**3341 N.W. 15<sup>th</sup> place**

Suite, Apt. #, Etc.

City **Ft Lauderdale** State **FL** Zip Code **33311**

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

*Dorothy S. Sutton*  
REGISTERED AGENT MUST SIGN

Date **5/11/06**

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
PDPA	Dorothy S. Sutton	3341 N.W. 15 <sup>th</sup> place	Ft Lauderdale Fla 33311
S	Marcia Sutton	7388 N.W. 34 <sup>th</sup> St	"
TD	Brian B Sutton	7388 NW 34 <sup>th</sup> St	"
D	Darrin Sutton	3341 NW 15 pl.	"
D	Denise R. Sutton-Goddard	3341 NW 15 pl	"

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

*Dorothy S. Sutton*

Date

**5/11/06 (754)214-1067**

Daytime Phone #