

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

DOCUMENT # ND1000007116

1. Corporation Name

AMBASSADOR GOSPEL ASSEMBLY OF APOPKA, INC.

2. Principal Office Address

14 South Central Ave.
Apopka, FL 32702

Suite, Apt. #, etc.

N/A

City & State:

APOPKA
FL

Zip

32704

Country

USA

3. Mailing Office Address

same as in #2

Suite, Apt. #, etc.

N/A

City & State

FL

Zip

same

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-04-2001

5. FEI Number

EIN: 59-3747395

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

MONTANEAU BY

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

6329 Laurelwood Ct

Suite, Apt. #, Etc.

none

City

Orlando

State

FL

Zip Code

32818

000008674730

10/29/02--01138--004 **61.25

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

Montaneau By

REGISTERED AGENT MUST SIGN

Date 10/15/02

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
	<u>Montaneau By (director)</u>	<u>6329 Laurelwood Ct.</u>	<u>Orlando, FL 32818</u>
	<u>Immacula By d(secretary)</u>	<u>same address</u>	
	<u>Anoson By (Director)</u>	<u>"</u>	

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:

Montaneau By

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02

Date

407 2938153

Daytime Phone #

CR2E081 (9/01)

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Orlando, Oct. 15th 2002

Florida Dept. of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam,

I, the undersigned MONTANEAU BY, Director of
AMBASSADOR OF GOSPEL ASSEMBLY OF APOPKA, INC. locating
at 414 South Central Ave, Apopka, Fl. 32702, tel : 407 293-8153
hereby verify that I had not received the form Corporation
Reinstatement from your office. Therefore I did not send
along with my report.

I apology for the mistake and wish that you would
continue to accept our corporation.

I appreciate every thing you have done for us.

MAY GOD BLESS YOU FOR YOUR GOOD WORK.

Sincerely yours,


Montaneau BY