

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 22 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001323

1. Corporation Name

The Greater Florida Mass Choir, Inc.

REINSTATEMENT 03-04

100027403961
01/22/04--01023--002 **122.50

2. Principal Office Address

140 Lembeth Court

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 566642

Suite, Apt. #, etc.

City & State

Alpharetta, Georgia

City & State

Atlanta, Georgia

Zip

30004

Country

USA

Zip

31156

Country

USA

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

2/22/02

5. FEI Number

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

Chevonna Thomas

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

4451 NW 72nd Terrace

Suite, Apt. #, Etc.

City

Lauderhill

State
FL

Zip Code
33319

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**

REGISTERED AGENT MUST SIGN

Date

1/13/04

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	Thomas, Danny	P.O. Box 566642	Atlanta, Ga. 31156
TT	Warren Clark	2112 NW 27th Avenue	Ft. Lauderdale, FL 33311
TS	Cora Scott	6806 Rhode Island Drive East	Jacksonville, FL 32209

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:

Danny Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/04

Daytime Phone #

770-777-6729

CR2E081 (10/02)



Rev. Danny Thomas Sr., Executive Director
Julie Mortimer Hamilton, Minister of Music • Luther Barnes, Minister of Music

January 13, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Corporation Reinstatement Fees

To Whom It May Concern:

I am writing this letter to request a waiver of the reinstatement fees for our non-profit organization. Unfortunately, we did not receive notification of the annual reporting or other required information, therefore we could not respond accordingly. The registered agent for this corporation is no longer active and failed to contact us.

We have completed a reinstatement form, which is enclosed and have listed a new registered agent. Also enclosed are the annual reporting fees for 2003 & 2004, as requested by one of your examiners.

Your immediate attention to this matter is requested and we patiently await your response.

Thank you in advance,


Danny Thomas

Executive Director

cc: [illegible]
cc: [illegible]
cc: [illegible]
cc: [illegible]
cc: [illegible]