

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO 2000002819**

1. Corporation Name

Victory Tabernacle Christian Center, Inc.

2. Principal Office Address - No P.O. Box #

507 Gulf Beach Hwy

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Penacola, Florida

City & State

Zip

32534

Country

Escambia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/2002

5. FEI Number

59-2970480

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Walter Lowe

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

1383 Rule St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32534

200235103632
05/15/12--01008--004 **358.76

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

Walter Lowe

Date **5/10/12**

REGISTERED AGENT MUST SIGN

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
D	Geneva Lowe	1383 Rule St.	Pensacola, Fl, 32534
D	Gloria Bloxson	7711 Untreiner av.	Pensacola, Fl, 32534
D	Angela McCall	6 Mississippi Cir	Pensacola, Fl, 32505
D	Donnie Culliver	1270 Bolivia St.	Pensacola, Fl, 32534
D	Larry White	1400 E Johnson ^{apt. 328} av.	Pensacola, Fl, 32514
D	Jacqueline Harrison	7711 Untreiner av	Pensacola, Fl, 32534

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Geneva Lowe (Geneva Lowe) Dir.

5/10/12

384 1864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #