

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 11:57

DOCUMENT # **N02000004107**

1. Corporation Name

FULL FELLOWSHIP CHURCH, INC.

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

2481 SE CAMARIN ST

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

Zip

34952

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

600129061726

REINSTATEMENT **06-08**

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/2002

5. FEI Number

01-0694922

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

TAX PLACE CORP

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

2721 S US1 SUITE 9

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34982

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **05/09/08**

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	SERGIO LOPES	2481 SE CAMARIN ST	PORT ST LUCIE, FL 34952
VD	VERA LUCIA M S LOPES	2481 SE CAMARIN ST	PORT ST LUCIE, FL 34952
TD	LELIS JOSE TRAJANO	2481 SE CAMARIN ST	PORT ST LUCIE, FL 34952
D	LUIZ C DE MELO	2481 SE CAMARIN ST	PORT ST LUCIE, FL 34952

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:

SERGIO LOPES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/09/08

Daytime Phone #

772.6731455

FILED