

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 10 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1102 000009836**

1. Corporation Name

Greater Harmony Missionary Baptist Church

2003-2005 Reinst

2. Principal Office Address

1129 Parkwood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 624

Suite, Apt. #, etc.

City & State

Corveland, Florida

City & State

Corveland, FLA

Zip

34736

Country

lake

Zip

34736

Country

lake

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

5. FEI Number

16-1654626

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

05/01/03 90195 030 \$70.25

7. Name and Address of Current Registered Agent

Name

Jerome Godwin

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

15528 Kensington Trail

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

32711

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

Jerome Godwin

Date **9-3-05**

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
Pastor	Billy Lock	P.O. Box 624	Corveland FLA 34736
CDB	Jerome Godwin	P.O. Box 624	Corveland FLA 34736
D	Willia Mae Thomas	P.O. Box 624	Corveland, FLA 34736
D	Cassandra Davis	P.O. Box 624	Corveland, FLA 34736
D	Mary Kimes	P.O. Box 624	Corveland, FLA 34736

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: **Jerome W. Godwin CDB, Jerome Godwin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/05 3522422708

Date

Daytime Phone #

CR2E081 (01/05)

valr

GREATER HARMONY MISSIONARY BAPTIST CHURCH
PO BOX 624
GROVELAND, FLORIDA 34736

SEPTEMBER 5, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

THIS CORRESPONDENCE COMES AS A FORMAL REQUEST FOR THE WAIVER OF THE REINSTATEMENT FEE FOR THE ABOVE NAMED CHURCH FOR 2005 REPORTING PERIOD. WE SUBMITTED THE INFORMATION LATE DUE TO THE FACT THAT WE DID NOT RECEIVE THE LETTER ENCLOSED FROM YOUR DEPARTMENT DATED MAY 13, 2003 NOTIFYING US THAT THE REPORT WAS BEING RETURNED. WE SUBMITTED THE ANNUAL FEE OF \$70.00 FOR THE YEAR OF 2004 AND DID NOT RECEIVE A REPLY AND ASSUMED THAT WE WERE IN GOOD STANDING. AFTER SUBMITTING THE 2005 REPORT WE THEN LEARNED THAT WE HAD AN ISSUE AND WAS INSTRUCTED THAT WE ALREADY HAD A CREDIT IN THE AMOUNT OF \$70.25 FROM OUR 2004 REPORT. WE HAVE BEEN INSTRUCTED TO SEND THE AMOUNT OF \$122.50 TO BRING US IN GOOD STANDING AND WE HAVE ENCLOSED THIS AMOUNT.

WE APPRECIATE YOUR PATIENCE AND COOPERATION IN WORKING WITH US TO RESOLVE THIS MATTER.

PLEASE RETURN THE UPDATED REINSTATED DOCUMENTS TO THE BELOW LISTED ADDRESS TO ENSURE THAT ALL MATTERS HAVE BEEN CLEARED:

DR. REGINA EASON,
2508 SUPERIOR STREET
OPA LOCKA, FLORIDA 33054
786-419-7997

SINCERELY,


DR. REGINA EASON