

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 02, 2004 8:00 A.M.
Secretary of State

DOCUMENT # *N03000001679*

1. Corporation Name

Reapers of the Harvest Church, Inc

800042187178
10/25/04--01053--024 **8.75

2. Principal Office Address

PO 722

Suite, Apt. #, etc.

City & State

Greenville FL

Zip

32331

Country

Madison

3. Mailing Office Address

PO 722 HWY 90 W

Suite, Apt. #, etc.

City & State

Madison

Zip

32331

Country

Madison

800042187178
10/25/04--01053--023 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 24, 2003

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

H. Gilbert Richardson

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

Rt 1 Box 707

Suite, Apt. #, Etc.

City

Madison

State

FL

Zip Code

32340

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

H. Gilbert Richardson

Date

10/24/04

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
<i>T</i>	<i>H. Gilbert Richardson</i>	<i>Rt 1 Box 707</i>	<i>Madison FL 32340</i>
<i>T</i>	<i>Ronald E. Lee</i>	<i>Rt 3 Box 7B</i>	<i>Greenville FL 32331</i>
<i>T</i>	<i>Ellen Morgan</i>	<i>1029 SW Wonderwood St</i>	<i>Greenville FL 32331</i>
<i>T</i>	<i>Karen S. Flowers</i>	<i>414 Bonnette Pond Road</i>	<i>Martinsville FL 32344</i>
<i>T</i>	<i>Lanita Stever</i>	<i>192 SW Seven Bridges Road</i>	<i>Greenville FL 32331</i>

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:

H. Gilbert Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/04

Daytime Phone #

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Prepers of the Harvest Church

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

Herman Gilbert Richardson

4a Mailing address (room, apt., suite no. and street, or P.O. box)

PO Box 722

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Greenville SC 32331

5b City, state, and ZIP code

6 County and state where principal business is located

Madison County

7a Name of principal officer, general partner, grantor, owner, or trustor

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)☐ Sole proprietor (SSN)☐ Partnership☐ Corporation (enter form number to be filed) ▶☐ Personal service corp.☐ Church or church-controlled organization☒ Other nonprofit organization (specify) ▶ *church*☐ Other (specify) ▶☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (check only one box)☐ Started new business (specify type) ▶☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☒ Other (specify) ▶ *Church*☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

Feb. 24, 2003

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-." ▶

Agricultural

Household

Other

*0*14 Check **one** box that best describes the principal activity of your business.☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Health care & social assistance☐ Wholesale-agent/broker☐ Accommodation & food service☐ Wholesale-other☐ Retail☒ Other (specify) *Church Religious Mission*

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

*NA*16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No**Note:** If "Yes," please complete lines 16b and 16c.16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

*Feb 24, 2003**Jallahassie Florida***Third
Party
Designee**

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ *Head Trustee Herman Gilbert Richardson*

Applicant's telephone number (include area code)

(850) 973-9147

Applicant's fax number (include area code)

Signature ▶ *Herman Gilbert Richardson*Date ▶ *10/24/04*