

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03000002384**

1. Corporation Name

Encouraging Hearts For Christ Worship Center, Inc.

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

4127 Ponza Place

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33462

Country

Palm Beach

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

33462

Country

Palm Beach

**7. Name and Address of Current Registered Agent**

Name

Patricia Robinson

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

4127 Ponza Place

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33462

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

*Patricia Robinson*

REGISTERED AGENT MUST SIGN

Date **May 21, 2007**

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
P	Patricia Robinson	4127 Ponza Place	Lake Worth, FI 33462
T	Willie Wilfork	4127 Ponza Place	Lake Worth, FI 33462
S	Veronica Stokes	4127 Ponza Place	Lake Worth, FI 33462

*826/6*

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:

*Patricia Robinson*

Patricia Robinson

May 21, 2007

561-294-6094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 MAY 30 PM 12:46

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

400104255404  
06/12/07--01012---013 \*\*428.75

**REINSTATEMENT** 04-07

CR2E08 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

March 18, 2003

5. FEI Number

36-4525263

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.