

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 18 PM 2:16

DOCUMENT # **N03000004691**

1. Corporation Name

BODY OF CHRIST MINISTRIES WORLDWIDE, INC

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

2511 W JORDAN ST

Suite, Apt. #, etc.

3. Mailing Office Address

2511 W. JORDAN ST

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32505

Country

USA

City & State

PENSACOLA FL

Zip

32505

Country

USA

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

05-28-2003

5. FEI Number

56-2417875

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

BISHOP PAUL J. PORTERFIELD

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

2511 W. JORDAN ST

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

☒ 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.

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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

P. Jonathan Porterfield
REGISTERED AGENT MUST SIGN

Date **9-16-09**

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/D	BISHOP PAUL J. PORTERFIELD	5702 SCOTLAND RD	PENSACOLA FL 32526
V/D	ANGELA GIBBS	4618 STATE ST	PENSACOLA FL 32505
D	GERTRUDE SMITH	929 MASSACHUSETT APT 106 BLD 3	PENSACOLA FL 32505
D	KARENA JAMES	1815 W GADSDEN ST	PENSACOLA FL 32501
S/D	MICHELLE LOUETTE	1101 E. TEXAS DR	PENSACOLA FL 32503

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:

P. Jonathan Porterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL J PORTERFIELD

Date

9-16-09

Daytime Phone #

850 221-5761