

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
TALLAHASSEE, FLORIDA

08 APR 24 PM 4:50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N03000008274*

1. Corporation Name

*Universal Church of Praise,
UCOP Ministries, Inc.*

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

1625 Centerville Rd #27

Suite, Apt. #, etc.

Tallahassee

City & State

FL

Zip

32308

Country

Leon

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/07)

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

9-25-03

5. FEI Number

81-0631510

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

David Brown

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

2701 Kennedy Drive

Suite, Apt. #, Etc.

#

Tallahassee, FL

State

FL

Zip Code

32301

☒ 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

David Brown

REGISTERED AGENT MUST SIGN

100125627981

*04/25/08--01001--021 **192.50*

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
DP	TURNER, Jerry L.	1625 Centerville Rd #27	Talla, FL 32308
DV	Lee-Turner, Lora	1625 Centerville Rd #27	Talla, FL 32308
DS	TURNER, Shirley	804 Dent Street	Talla, FL 32304
DT	Francis, Jeanette	483 S. Lanier Rd	Havana, FL 32333
D	Pierce, Deborah	35 Exton Lane	Willingboro, NJ 08046

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lora Lee-Turner

Date

4/24/08

Daytime Phone #

850-891-6543