

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000008775

1. Corporation Name

Congo Gospel Mission, Inc.

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

6451 Stoney Point Road

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 1735

Suite, Apt. #, etc.

City & State

Panama City, Fl

Zip

32404

Country

USA

City & State

Lynn Haven

Zip

32444

Country

USA

7. Name and Address of Current Registered Agent

Name

Frank Wells

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

6451 Stoney Point Road

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

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

Frank Wells

REGISTERED AGENT MUST SIGN

Date 08-13-08

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	Frank Wells	6451 Stoney Point Road	Panama City, Fl 32404
V/D	Belinda Wright	1612 North Ridge Blvd., Apt. 1612	Clermont, Fl 34711
S/T/D	Judy Wells	6451 Stoney Point Road	Panama City, Fl 32404

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:

Frank Wells

Frank Wells

08-13-08

407-488-3185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 AUG 18 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

900134552759

08/18/08--01054--002 **245.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

October 2003

5. FEI Number

77-0612509

☐ 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.