

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 28 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000010814**

1. Corporation Name

The True Apostolic Worship Center, Inc.

500093747325
03/19/07--01059--011 **306.25

REINSTATEMENT 05-07
CR2E081 (1/07) **WOP**

2. Principal Office Address - No P.O. Box #
1132 Lake Drive

3. Mailing Office Address
P.O. Box 561161

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cocoa, Florida

City & State
Rockledge, Florida

Zip
32922

Country

Zip
32956-1161

Country
Brevard

4. Date Incorporated or Qualified
To Do Business in Florida **12/16/2006**

5. FEI Number
76-0746911

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
Leon Jenkins

Street Address (P.O. Box Number is Not Acceptable)
1206 Tech Place

Suite, Apt. #, Etc.

City
Cocoa

State
FL

Zip Code
32922

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Leon Jenkins	1206 Tech Place	Cocoa, Florida
V	Gloria Jenkins	1206 Tech Place	Cocoa, Florida
T	Cornelius Jenkins	1206 Tech Place	Cocoa, Florida
D	Elainia Jenkins	1206 Tech Place	Cocoa, Florida

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:

Pastor Leon Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SC 2-24-07 321-637-3737

PASTOR LEON Jenkins