

PLEASE READ ALL INSTRUCTIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC -7 AM 11:40

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 1704000002739

1. Corporation Name

ANointed TO WIN OUTREACH WORSHIP  
CENTER, INC.

600161429566  
10/22/09--01042--003 \*\*8.75

KS

600161429566  
10/07/09 01010 003 175.00  
CR2E081 (12/08)

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

27084 Aubrey Avenue

Suite, Apt. #, etc.

N/A

City & State

Brooksville, Florida

Zip

34602

Country

Hernando

3. Mailing Office Address

27084 Aubrey Avenue

Suite, Apt. #, etc.

N/A

City & State

Brooksville, Florida

Zip

34602

Country

Hernando

4. Date Incorporated or Qualified  
To Do Business in Florida

3/17/2004

5. FEI Number

651227082

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

Tammy T. Willis

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

27084 Aubrey Avenue

Suite, Apt. #, Etc.

N/A

City

Brooksville

State

FL

Zip Code

34602

☒ 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

Tammy T. Willis

REGISTERED AGENT MUST SIGN

Date

11/30/09

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	Tammy T. Willis	27084 Aubrey Avenue	Brooksville, FL 34602
V	Sheryl Brown	27103 Thron Crest Avenue	Brooksville, FL 34602
S	Tara Roberts	27167 Fernery Avenue	Brooksville, FL 34602
T	Lawsag, Antareyia L	810 Wood Dr.	Brooksville FL 34601

REINSTATEMENT

07-09

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:

Tammy T. Willis Mrs. Tammy T. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/09

Date

Daytime Phone #

(352) 345-8358