

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUL -2 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/2/06 01071 004 78.75
4/27/07 01023 016 78.75

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida 06/04/04

5. FEI Number
52-2441516

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.

Date 6-26-07

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000005657

1. Corporation Name

Faith Life New Testament Church of God Inc.

2. Principal Office Address - No P.O. Box #
6503 N. 15th Street

3. Mailing Office Address
1405 E. Curtis Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33610

Country
USA

Zip
33603

Country
USA

7. Name and Address of Current Registered Agent

Name
Joseph Pearce

Street Address (P.O. Box Number is Not Acceptable)
1405 E. Curtis Street

Suite, Apt. #, Etc.

City
Tampa

State Zip Code
FL 33603

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

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
Pastor	Joseph Pearce	1405 E. Curtis Street	Tampa/ Florida/ 33603
Co- Pastor	Jennifer Pearce	1405 E. Curtis Street	Tampa/ Florida/ 33603
Children Pastor	Albrina Hendry	6920 N. Central Ave	Tampa/ Florida/ 33604

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:

JOSEPH PEARCE

6-26-07 (813) 236-5786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5 aw