

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 JAN -7 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/31/07--01047--003 **124.00

REINSTATEMENT 06-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000008706

1. Corporation Name

Abundant Praise Ministries Church of Christ Written In Heaven

W07 - 54196

2. Principal Office Address - No P.O. Box # 8412 North 13th Street		3. Mailing Office Address PO Box 46451	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa		City & State Tampa	
Zip 33604	Country US	Zip 33647	Country US

4. Date Incorporated or Qualified
To Do Business in Florida 9/08/04

5. F.E.I. Number
731716765

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
Tarrelle Brooks

Street Address (P.O. Box Number is Not Acceptable)
18220 Portside Street

Suite, Apt. #, Etc.

City Tampa State FL Zip Code 33647

☒ 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 *Tarrelle Brooks* Date 10/25/07

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
Director	Tarrelle Brooks	18220 Portside Street	Tampa, FL 33647
Director	Letitia Brooks	18220 Portside Street	Tampa, FL 33647
Officer	Deborah Conary Hazel McLeod	27614 Sugar Loaf Dr.	Wesley Chapel, FL
Officer	Fred Hayes	2501 Irene St.	Lutz, FL 33549
Officer	Sabrina Pope	2501 Irene St.	Lutz, FL 33549
Officer	Brenda Highsmith	1004 East Yukon Street	Tampa, FL 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: *Tarrelle Brooks* 10/25/07 (813) 766-9177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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