

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04000010320

1. Corporation Name

Body of Christ Assembly, Inc.

W276385

2. Principal Office Address - No P.O. Box #  
1441 E. Fletcher Ave

3. Mailing Office Address  
1441 E. Fletcher Ave

Suite, Apt. #, etc.  
Suite 201

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33612

Country  
USA

Zip  
33612

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 02 Nov. 2004

5. FEI Number  
20-2180552

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  
Laval, Eddie

Street Address (P.O. Box Number is Not Acceptable)  
14639 Pine Glen Circle

Suite, Apt. #, Etc.

City  
Lutz

State  
FL

Zip Code  
33559

☒ 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 17 January 2007

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
D	Laval, Eddie	14639 Pine Glen Circle	Lutz, FL-33559
D	Agboola, Modupe	28343 Openfield Loop	Wesley Chapel, FL-33543
D	Seymour, Henry	17960 Hollybrook Drive	Tampa, FL- 33647
D	Ajayi, Modupe	27507 Waikiki Court	Wesley Chapel, FI- 33543

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:

Eddie Laval

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 January 2007

Date

(813) 626-2928

Daytime Phone #

FILED

07 MAR 19 AM 10:21

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 05-07

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