

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN -5 PM 3: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *No40000 11114*

1. Corporation Name

Turning Point Fellowship Ministries, Incorporated

400139483244
01/05/09--01053--002 **122.50

REINSTATEMENT 07-08

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

11808 N. 56th St

3. Mailing Office Address

PO Box 311701

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Tampa, Fl

City & State

Tampa, Fl

Zip

33617

Country

USA

Zip

33680

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/29/2004

5. FEI Number

20-1653211

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
Rev. Howard E. Green

Street Address (P.O. Box Number is Not Acceptable)
11808 N. 56th St

Suite, Apt. #, Etc.
Suite A

City
Tampa

State
FL

Zip Code
33617

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

Date

11/11/08

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
P	Rev. Howard E. Green	11808 N. 56th St. Ste A	Tampa, Fl 33617
T	OJ Diggs	11808 N. 56th St. Ste A	Tampa, Fl 33617
S	Erika Z. Green	11808 N. 56th St. Ste A	Tampa, Fl 33617
D	Foster Scotland	11808 N. 56th St. Ste A	Tampa, Fl 33617
	<i>on 11/12</i>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/08

Date

813-774-0021

Daytime Phone #