

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO4000011114*

1. Corporation Name

Turning Point Fellowship Ministries, Incorporated

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

11808 N. 56th St

Suite, Apt. #, etc.

Suite A

City & State

Tampa, FL

Zip

33617

Country

USA

3. Mailing Office Address

PO Box 311701

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33680

Country

USA

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

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

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 #

FILED

09 JAN -5 PM 3: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 07-08

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