

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 8:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **ND4402**

1. Corporation Name

**Pentecostal Full Gospel Crusade of
Jesus Christ**

REINSTATEMENT

400025257034
12/05/03--01043--023 **245.00

2. Principal Office Address

5105 N US Hwy 441

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34475

Country

MARION

3. Mailing Office Address

5105 N US Hwy 441

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34475

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/1984

5. FEI Number

NOT APPLICABLE

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

Lillie Tuggeron

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

5105 N US Hwy 441

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34475

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

Lillie Tuggeron

REGISTERED AGENT MUST SIGN

Date

October 13, 2003

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/D | Bernard Tuggeron | 5105 N US Hwy 441 | OCALA, FL 34475 |
| V/D | Cleveland Dennison | 5105 N US Hwy 441 | OCALA, FL 34475 |
| S/T/D | Elvira Surmons | 5150 NW 52ND PLACE | OCALA, FL 34482 |
| D | Olevy SNOW | 6335 NW 24th Avenue | OCALA, FL 34475 |
| D | BRENDA JONES | 7930 SW 15th PLACE | OCALA, FL 34474 |
| D | Cleveland JACKSON | 3640 NE 16th AVENUE | OCALA, FL 34479 |

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 under section 119.07(3)(i), 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:

Elvira Surmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

854-2322 X-1358

Daytime Phone #

CR2E091 (10/02)