

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NOL6000004870

1. Corporation Name

Rapture Tabernacle, Inc

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

10920 SW 198th Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

6760 SW 138th Terr

Suite, Apt. #, etc.

City & State

Dunnellon, FL

Zip

34432

Country

US

City & State

Ocala, FL

Zip

34481

Country

US

7. Name and Address of Current Registered Agent

Name

Bucher, Millard Pastor

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

6760 SW 138th Terrace

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34481

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/2006

5. FEI Number

80-0077424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

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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

Millard Bucher

REGISTERED AGENT MUST SIGN

Date

Sep 17/08

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	Bucher, Millard	6760 SW 138th Terr.	Ocala, FL 34481
P	Bucher, Kathy	6760 SW 138th Terr.	Ocala, FL 34481
S	Dozier, Crystal	5891 NW 62nd Ave	Ocala, FL 34482
T	Shockley, Janice	1350 NE 37th Lane	Ocala, FL 34479
T	Shockley, Oliver	1350 NE 37th Lane	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 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:

Millard Bucher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sep 17/08
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