

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *ND6000010372*

1. Corporation Name

*Praise Tower Outreach Center Inc.*

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

*308 NW 45th Ave*

Suite, Apt. #, etc.

3. Mailing Office Address

*308 NW 45 Ave*

Suite, Apt. #, etc.

City & State

*Plantation, Florida*

City & State

*Plantation, FL*

Zip

*33317*

Country

*U.S*

Zip

*33317*

Country

*U.S*

7. Name and Address of Current Registered Agent

Name

*Delores Bright-Whitfield*

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

*308 NW 45 Ave*

Suite, Apt. #, Etc.

City

*Plantation*

State

*FL*

Zip Code

*33317*

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

*Delores Bright-Whitfield*

REGISTERED AGENT MUST SIGN

Date *02-29-10*

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
<i>P</i>	<i>Delores Bright Whitfield</i>	<i>308 NW 45 Ave</i>	<i>Plantation FL 33317</i>
<i>VD</i>	<i>John W. Whitfield</i>	<i>308 NW 45 Ave</i>	<i>Plantation, FL 33317</i>
<i>D</i>	<i>John K. McGehee</i>	<i>1111 SW 31st Ave</i>	<i>Fort Lauderdale, FL 33311</i>
<i>T</i>	<i>Denise McGehee</i>	<i>1111 SW 31st Ave</i>	<i>Ft Lauderdale, FL 33312</i>
<i>M</i>	<i>Ta'Shera Flagg</i>	<i>2214 Lee St</i>	<i>Hollywood FL 33020</i>
<i>C</i>	<i>Brenda Bright Scott</i>	<i>2009 Syracuse Ct</i>	<i>Palm Bay 32905</i>
<i>T</i>	<i>Eric W. McGehee</i>	<i>308 NW 45 Ave</i>	<i>Plantation, FL 33317</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:

*Delores Bright-Whitfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02-24-10*

Date

Daytime Phone #

**RH**

**FILED**

10 FEB 17 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500169562405  
02/18/10--01015--001 \*\*245.00

CR2F081 (12/07)

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

*Oct 2006*

5. FEI Number

*85-80136806870-4*

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.

500169562405  
02/18/10--01015--002 \*\*8.75