

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 22 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000137

1. Corporation Name

BREAKTHROUGH COMMUNITY CHURCH, INC

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

3711 5TH AVENUE N.

3. Mailing Office Address

P.O. BOX 10991

Suite, Apt. #, etc.

UNIT C

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG, FL

City & State

SAINT PETERSBURG, FL

Zip

33713

Country

USA

Zip

33733

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-4-07

5. FEI Number
87-0792913

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

ZELLNER, NICKY

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

3904 POMPANO DRIVE SE

Suite, Apt. #, Etc.

City

SAINT PETERSBURG

State

FL

Zip Code

33705

☒ 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

Nicky Zellner

REGISTERED AGENT MUST SIGN

Date 10-07-09

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	MILLER, NORMA	3904 POMPANO DRIVE SE	SAINT PETERSBURG, FL 33705
V	ZELLNER, NICKY	3904 POMPANO DRIVE SE	SAINT PETERSBURG, FL 33705
ST	JACKSON, LULA	1201 SEMINOLE PL #172	LARGO, FL 33770

REINSTATEMENT

RH

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:

Norma Miller

NORMA MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-09

Date

727-366-3655

Daytime Phone #