

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

17 JAN 31 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200294980012  
02/01/17--01002--002 \*\*393.75

DOCUMENT # N13000001398

1. Corporation Name

Ambassador for Christ  
International Church Corp.

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

3201 Addison Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

3201 Addison Ln.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

Country

32317

Zip

Country

32317

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/13

5. FEI Number

90-0936042

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

Frederick Daughtry

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

3201 Addison Ln.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

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

Frederick Daughtry

REGISTERED AGENT MUST SIGN

Date 1/31/17

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
PP	Frederick Daughtry sr.	3201 Addison Ln.	Tallahassee, FL 32317
VP	Andrea Daughtry	3201 Addison Ln.	Tallahassee, FL 32317
SD	Aisha Daughtry	3201 Addison Ln.	Tallahassee, FL 32317

10. E-mail Address: MARVELOUS953@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Frederick Daughtry

1/31/17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RE 1/31/17