

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14233

1. Corporation Name

Brent Full Gospel Mission, Inc.

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

5402 Empire DR.

Suite, Apt. #, etc.

3. Mailing Office Address

4500 Havre way

Suite, Apt. #, etc.

City & State

Pensacola, FL.

City & State

Pensacola, FLA.

Zip

32505 Escambia

Country

Zip

32505 Escambia

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/86

5. FEI Number

59-2466045

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 Velma Glass

Street Address (P.O. Box Number is Nr. Acceptable)

4500 Havre way

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

400205455014
04/28/11--01045--015 **245.00

400205455014
06/29/11--01033--004 **61.25

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

Velma Glass

REGISTERED AGENT MUST SIGN

Date 04/25/2011

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
Pastor	Velma Glass	4500 Havre way	Pensacola, FL 32505
Sec	Debra Rudd	4409 florelle way	Pensacola, FL 32505
Trustee	Lenora Wesley	7840 Kensington Dr.	Pensacola, FL 32534
Trustee	Julia Rich	24 West Belmont	Pensacola, FL 32505

10. E-mail Address: Christianlady12000@yahoo.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., 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.

SIGNATURE:

Velma Glass - Velma Glass-04/25/2011-438-5296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #