

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAY 30 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N17006**

1. Corporation Name

The Worship Center, Inc.

900005971219--1
-06/25/02--01040--014
****306.25 ****306.25

2. Principal Office Address

3. Mailing Office Address

102 Chapel Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32304

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/86

5. FEI Number

59-2737185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles Pettis

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

7719 Cornucopia Ln.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

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

R. Charles Pettis

Date

5/30/02

REGISTERED AGENT MUST SIGN

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/O	Charles Pettis	7719 Cornucopia Ln.	Tallahassee FL 32309
V/O	Cynthia Pettis	7719 Cornucopia Ln.	Tallahassee FL 32309
STD	Kevin Pettis	7719 Cornucopia Ln.	Tallahassee FL 32309
			236.25 - Adm
			61.25 - AR
			8.75 - Cert

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 under section 119.07(3)(i), 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:

R. Charles Pettis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02

Date

(850) 350-2020

Daytime Phone #

CR2E081 (9/01)