

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 25 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25394**

1. Corporation Name

**UTTERMOST MIRACLE CHURCH
Bible School of the Prophets**

2. Principal Office Address

**Corner of Hwy 73+231
Suite, Apt. #, etc. 3794**

3. Mailing Office Address

P.O. BOX 217

City & State

MARIANNA, FL

City & State

MARIANNA, FL

Zip

32446

Country

JACKSON

Zip

32447

Country

JACKSON

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-1887356

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

Pastor Andrew Joseph Lombardi Sr

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

3794 Corner of Hwy 73+231^{N6}

Suite, Apt. #, Etc.

City

MARIANNA

State

FL

Zip Code

32446

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

Pastor Andrew J Lombardi Sr

Date **10-23-06**

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	Pastor Andrew J Lombardi Sr	3794 CORN OF 73+231 MARIANNA, FL 32447	MARIANNA, FL 32447
V	Evangelist Anna F Lombardi Sr	837 SANDERSON, RD	JOHNSTON, RT 02919
T	Dr Andrew J Lombardi Jr	232 NORWOOD AVE	CHANSTON, RT 02905
S	Evangelist Paula Palotta	1709 Stone wall Rd Apt 123	LAURINBURG, NC 28352
	M. W. W.		
300081177613 10/25/06--01008--002 **990.00			

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:

Pastor Andrew J Lombardi Sr
Pastor Andrew J Lombardi Sr

Date **10-23-06**

Date

Daytime Phone #

404 202 0463