

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -5 PM 3:20

DOCUMENT # **N30580**

1. Corporation Name

**ABUNDANT HARVEST CHURCH, INC.
OF CENTRAL FLORIDA**

2. Principal Office Address

2510 N. TRACER AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 420097

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

Zip

34741

Country

U.S.

City & State

KISSIMMEE, FL.

Zip

34741

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

2/09/1989

5. FEI Number

59-3004190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99.00

7. Name and Address of Current Registered Agent

Name

JONES, GARY W

200003215242-1

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

2326 IRLO COURT

Suite, Apt. #, Etc.

City

KISSIMMEE, FL

State

FL

Zip Code

34741

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

Douglas B. Clark

REGISTERED AGENT MUST SIGN

Date **4-2-2000**

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 |
|--------|--------------------------------------|---|---------------------|
| PD | JONES, GARY W | 2326 IRLO COURT | KISSIMMEE, FL 34741 |
| VD | JONES, MARGARITA V | 2326 IRLO COURT | KISSIMMEE, FL 34741 |
| SD | COPELAND, THOMAS L. | 6211 CHINABERRY DR. | ORLANDO, FL 32808 |
| TD | CLARK, DOUGLAS B | 1690 S. LYNNELL DR. | KISSIMMEE, FL 34741 |
| | | | |
| | | | |

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:

Douglas B. Clark

GARY W. JONES

4-2-2000

407-870-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)