

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32336

1. Corporation Name

PENTECOSTAL ASSEMBLY OF CHRIST, INC.

99 AR

Principal Place of Business

PENTECOSTAL ASSEMBLY OF CHRIST, INC.
LOWERBRIDGE ROAD
CRAWFORDVILLE FL 32327

Mailing Address

% FRANK STALLWORTH JR.
RT. 1 BOX 526
CHATTAHOOCHEE FL 32324-9703

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1989

5. FEI Number

57-0931839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STALLWORTH, FRANK JR.	RT. 1 BOX 526	CHATTAHOOCHEE FL
SD	GREEN, BETTY	P.O. BOX 648 N/A	CRAWFORDVILLE FL 32326
TD	REED, WILTON	PO BOX 352	CRAWFORDVILLE FL
D	WHITE, MARVIN	PO BOX 384 N	SOPCHOPPY FL
			000003078380--7 -12/22/99--01082--018 *****61.25 *****61.25 TS

8. Name and Address of Current Registered Agent

STALLWORTH, FRANK JR.
RT. 1 BOX 526
CHATTAHOOCHEE FL 32324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Frank Stallworth

REGISTERED AGENT MUST SIGN

Date 11-14-99

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 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: Frank Stallworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-99 663-4540

FILED

99 DEC 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR22040 (6/99)

Pentecostal Assembly of Christ
c/o Frank Stallworth Jr.
383 Hardaway Hwy.
Chattahoochee, Florida 32324

Dear Mr. Scott,

In reference of our annual report in the month of March 1999. I filed our annual report. About two months later after not receiving an answer I called and ask questions about it. I was told the office had a back log of work and to wait a while to give them a chance to check it out. Later I received a second notice, I was told to check my bank to see if the check has returned. I checked it and it had not returned. Later I recieved a notice of dissolution. I called and talked with Mr. Tyrone Scott. I was told to mail \$61.25 in Care of Mr. Scott, And he would take care of it. I mailed the \$61.25 and it was returned to me. I was told to write this letter, and also return the lost letter that was written to me. And mail it to Mr. Tyrone Scott,

Bishop Frank Stallworth Jr.