

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42814**

1. Corporation Name

HARVEST WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

3238 EAST HIGHWAY 390
PANAMA CITY FL 32405

3238 EAST HIGHWAY 390
PANAMA CITY FL 32405

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3058650

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RAMSEY, JOHN R	5131 E. 10TH STREET	PANAMA CITY FL 32405
SD	SCOTT, ROGER	3742 LARAMARE RD	MARIANNA FL 32448
D	MORRIS, JOHNNY RAY	8500 HIGHWAY 2301	PANAMA CITY FL

300023871133

10/17/03--01024--002 **236.75

for 10/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMSEY, JOHN R PASTOR
3238 EAST HIGHWAY 390
PANAMA CITY FL 32405-9305

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 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

10-10-03

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President John R. Ramsey

10/10/03

Daytime Phone #
850-248-5690

CR2ED40 (7/03)