

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 JUL -8 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N47355

**1. Corporation Name**

END TIME HARVEST CHRISTIAN CENTER

**2. Principal Office Address**

202 RIDGELAND DR.

Suite, Apt. #, etc.

City & State

WARNER ROBINS, GA.

Zip

31093

Country

HOUSTON

**3. Mailing Office Address**

P.O. BOX 7411

Suite, Apt. #, etc.

City & State

WARNER ROBINS, GA.

Zip

31095-7411

Country

HOUSTON

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/14/1992

**5. FEI Number**

58-2003855

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

DR. RANDY E. SIMMONS

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

565 SILVER BEACH RD

Suite, Apt. #, Etc.

City

LAKE PARK

State

FL

Zip Code

33403

**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

REGISTERED AGENT MUST SIGN

Date 6/18/02

**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
D PRES	DR. RANDY E. SIMMONS	565 SILVER BEACH RD.	LAKE PARK, FL. 33403
D VICE PRES.	LISA M. SIMMONS	202 RIDGELAND DR.	WARNER ROBINS, GA. 31093
D SEC	SANTINA PRINTHUP	210 WALKER DR	WARNER ROBINS, GA. 31093

**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**

DR. RANDY E. SIMMONS (PRES.) 6/18/02 (478)923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5566

CR2E081 (9/00)