

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N50305

1. Corporation Name

ABUNDANT LIFE TABERNACLE INC.

2. Principal Office Address

3735 PINEVIEW DR  
SEBRING, FL 33872

3. Mailing Office Address

P.O. Box 3453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

Zip

Country

Zip

Country

33872 U.S.

33871 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

8-11-1992

5. FEI Number

59-3044195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FLOYD D HOLLAND

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

3735 PINEVIEW DR

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33872

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

Floyd D Holland

Date 2-15-02

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
PD	FLOYD D HOLLAND	3735 PINEVIEW DR	SEBRING, FL 33872
VD	BONNIE J HOLLAND	3735 PINEVIEW DR	SEBRING, FL 33872
D	OBELIAH SMITH	511 S PINE	LAKE PLACID, FL 33852

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:

Floyd D Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02

Date

863 971-2346

Daytime Phone #

CR2E081 (9/01)

**Abundant Life Tabernacle Inc.**

**Rev. Floyd Holland**

P.O. Box 3453  
Address Line 2  
Sebring, Florida 33871  
US  
Home Phone (863)471-2346

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February 15, 2002

Name Division Of Corporations

P.o. Box 6327 Tallahassee, Fl. 32314

To whom this may concern:

I am submitting this application for re-instatement for Abundant Life Tabernacle Inc, for the past two (2) years.

We had a change of P.O. box, and we didn't receive the past two annual report sheets. I called and talked with you folks and I received the papers to fill out. Please send the new papers to P.O. box 3453, Sebring, Fl. 33871, attn. Floyd Holland. Enclosed you will find a check for \$ 131.25. Please enclose a certificate of status.

Sincerely,

*Floyd D. Holland*

President Abundant Life Tabernacle  
Sebring, Florida