

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
94-97 Sandra B. Mortham
Secretary of State
A/R
DIVISION OF CORPORATIONS

FILED

97 NOV 19 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N/93000001070*

1. Corporation Name

Greater Glory New Testament Church of Deliverance

Principal Place of Business

*220 Pond St.
Century, FL 32535*

Mailing Address

*PO Box 625
Century, FL 32535*

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

3-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3168593

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	<i>Nancy Cottrell</i>	<i>6941 Jefferson Century FL</i>	<i>Century, FL 32535</i>
Director	<i>Cornelius Cottrell</i>	<i>6941 Jefferson Ave</i>	<i>Century, FL 32535</i>
Director	<i>Cynthia Franklin</i>	<i>84 Century Blvd</i>	<i>Century, FL 32535</i>

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*****253.75 ****253.75*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nancy Cottrell
Nancy Cottrell
PO Box 834 (6941 Jefferson Ave)
Century, FL 32535

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.

Signature of Registered Agent

Nancy Cottrell

REGISTERED AGENT MUST SIGN

Date *11/19/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on Intangible tax.)

12. 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:

Nancy Cottrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/97

Date

850-256-5577

Daytime Phone #

CPRE040 (12/96)

(2)

Dear Office of Corporation:

Due to the mistake of our mailing address we have not received our annual reports ~~from~~ 1994. We would like to reinstate our corporation, Greater Glory New Testament Church of Deliverance.

Sincerely,

Nancy Cottrell