

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 25 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N 94 000 000 780
Tampa Gospel Kingdom INC.

REINSTATEMENT 68-10

200173152412
03/25/10--01037--025 **183.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

2211 N Florida Ave

3. Mailing Office Address

2211 N Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

FRANCOEUR FENELON

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

10325 N. Armenia Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

I did not receive the statement
notice.

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

3/18/2010

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
Pres.	FRANCOEUR Fenelon	10325 N. Armenia Ave	Tampa, FL 33612
Dir.	WISNER Doree	2008 E. Crenshaw St	Tampa, FL 33610
Secy	YVROSE HILAIRE	10325 N. Armenia Ave	Tampa, FL 33612
Dir	Meyere Oscar	2302 N Grove	Tampa, FL 33602

OC 3/26

10. E-mail Address: fenelon university@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

FRANCOEUR FENELON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2010

Date

Daytime Phone #

813770-5080