

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

01 APR 23 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000001970

1. Corporation Name

HARVEST CHURCH INTERNATIONAL

2. Principal Office Address

5640 BAKER RD.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL.

Zip

34653

Country

U.S.A.

3. Mailing Office Address:

5640 BAKER RD

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL.

Zip

34653

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-94

5. FEI Number

59-3260379

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

STEVEN E. THOMPSON

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

5640 BAKER RD

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34653

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

Steven E. Thompson

REGISTERED AGENT MUST SIGN

Date

4-14-01

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	STEVEN E. THOMPSON	5640 BAKER RD	NEW PORT RICHEY, FL. 34653
VD	LORETTA M. THOMPSON	5640 BAKER RD	NEW PORT RICHEY, FL. 34653
TD	JOHN JORGENSEN	7332 COVENTRY DR	PORT RICHEY, FL. 34668
SD	CARLA HUNTER	6540 ABERDEEN AVE	NEW PORT RICHEY, FL. 34653
DD	RON HUNTER	6540 ABERDEEN AVE	NEW PORT RICHEY, FL. 34653
DD	FAITH JORGENSEN	7332 COVENTRY DR	PORT RICHEY, FL. 34668

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:

Steven E. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

MW

727-841-6026

Daytime Phone #

CR2E081 (9/00)