

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1996 OCT 31 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002155

1. Corporation Name
**CALVARY APOSTOLIC TABERNACLE AND
CHRISTIAN ACADEMY, INC.**

Principal Place of Business Mailing Address
**1635 5TH ST. S.E.
WINTER HAVEN, FL. 33880**

700001998497--3
-11/07/96--01015--010
****297.50 ****297.50

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida APRIL 28, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-8247266	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.D.	RANDY WONDERS	1635 5 TH ST. S.E.	WINTER HAVEN, FL. 33880
S.T.	LARANDA WONDERS	1635 5 TH ST. S.E.	WINTER HAVEN, FL. 33880
D.	WILLIAM COONS	LOT 14 6925 THORNHILL RD.	WINTER HAVEN, FL. 33880
D.	MICHAEL WONDERS	1635 5 TH ST. S.E.	WINTER HAVEN, FL. 33880

REINSTATEMENT

8. Name and Address of Current Registered Agent

**RANDY WONDERS
1635 5TH ST. S.E.
WINTER HAVEN, FL 33880**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 **Randy Wonders**
REGISTERED AGENT MUST SIGN

Date **OCT 25, 1996**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Randy Wonders
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 25, 1996 (M) 297-6906
Date Daytime Phone #