

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV -2 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N94000002251*

1. Corporation Name *Dominion Ministries and
Worship Center, Inc.*

Principal Place of Business

Mailing Address

*P.O. Box 6998
Tallahassee, FL 32314*

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

2. New Principal Office Address, If Applicable

PO Box 6998
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 6998
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/94

5. FEI Number

59-3244484

Applied For

Not Applicable

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

32314

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>Chair/Pres</i>	<i>Rev. J. Phillip Kirkland</i>	<i>Rt 2 Box 2210</i>	<i>Tall. FL 32311</i>
<i>Sec/Treas</i>	<i>Belinda Kelly</i>	<i>10368 Rose Rd.</i>	<i>Tall. FL 32311</i>
<i>Board member</i>	<i>Rev. Dan Themberlin</i>	<i>PO Box 6998, n/a</i>	<i>Tall. FL 32314</i>
<i>Board member</i>	<i>Rev. John Johnson</i>	<i>PO Box 6998, n/a</i>	<i>Tall. FL 32314</i>
<i>Board member</i>	<i>Rev. Don Smith</i>	<i>PO Box 6998, n/a</i>	<i>Tall. FL 32314</i>

8. Name and Address of Current Registered Agent

*Rev. J. Phillip Kirkland
Rt 2 Box 2210
Tall. FL 32311*

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. *300002679833-7*
City *FL* *11/04/98-DT028-001*
*****245.1111****245.00*

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 *Rev. J. Phillip Kirkland*
REGISTERED AGENT MUST SIGN

Date *11/2/98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Rev. J. Phillip Kirkland *Rev. J. Phillip Kirkland* *11/2/98* *850/997-5217*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)