

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 NOV 27 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N940000063608**

1. Corporation Name **Genesis Ministry + NonDenominational Church, Inc**

**300004718123--2**

**-12/11/01--01020--012**

**\*\*\*\*297.50 \*\*\*\*297.50**

2. Principal Office Address

**104 S. Division Avenue**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 2566**

Suite, Apt. #, etc.

City & State

**Orlando FLA**

Zip Country

**32805 Orange**

City & State

**Orlando FLA**

Zip Country

**32802 Orange**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12-30-1994**

5. FEI Number

**59-3284644**

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

**Georgia Darden**

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

**5420 Karen Court**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32818**

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

Date

**11-27-01**

REGISTERED AGENT MUST SIGN

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
D	Darden, Georgia	5420 KAREN CT	Orlando, FLA 32818
D	Byrd-Burks, Karen	7238 PINION DR	Orlando, FLA 32818
T	Edwards, AlveHa	5420 Karen Ct	Orlando, FLA 32818
A	Sykes, Cecilia	P.O. Box 681501	Orlando, FLA 32868
T	McCrae, Safariah	1309 Santa Anita Street	Orlando FLA. 32808

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11 27 01**