

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 26 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000810

1. Corporation Name

THE YOUNG PEOPLE'S CHURCH OF THE APOSTOLIC
FAITH INCORPORATED

2. Principal Office Address

552 E Voorhis Ave.

Suite, Apt. #, etc.

City & State

DeLand, Fl.

Zip

32720

Country

Volusia

3. Mailing Office Address

P.O. Box 2964

Suite, Apt. #, etc.

City & State

DeLand, Fl.

Zip

32724

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/17/95

5. FEI Number

593299414

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

Thomas L. Robinson

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

1572 S. Boundary

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

500027604579
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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

Thomas L. Robinson

Date 01/20/04

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	Robinson, Thomas L.	1572 S. Boundary	DeLand, Fl. 32720
D	Robinson, Judith	1572 S. Boundary	DeLand, Fl. 32720
D	Grant, David	430 S. Garfield Ave.	DeLand, Fl. 32720

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:

Thomas L. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/04

Date

386 736 8249

Daytime Phone #

CR2E081 (10/02)

1/20/04

TO WHOM IT MAY CONCERN;

LAST YEARS REPORT WAS SENT TO THE WRONG ADDRESS. IT
WENT TO 437 W. CHURCH STREET INSTEAD OF 1572 S. BOWMAN, DELAND
FL. THE POST OFFICE DIDN'T TRANSFER IT. I THOMAS L. ROBINSON
PUT IN AN ADDRESS CHANGE THE MIDDLE PART OF 2003. IT SHOULD
BE ON RECORD. SO, IF YOU PLEASE CONSIDER THIS WAIVER FOR
THE YEAR 2003. THANKS

Thomas L. Robinson
Thomas L. Robinson