

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB -9 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N95000002863**

**1. Corporation Name**

Praise Tabernacle, Punta Gorda, Florida, Incorporated

700065818167  
02/14/06--01022--003 \*\*367.50

CR2E081 (12/05)

**2. Principal Office Address**  
13850 Edgewater Dr

**3. Mailing Office Address**  
13850 Edgewater Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Port Charlotte, FL

**City & State**  
Port Charlotte, FL

**Zip**  
33948-7416

**Country**  
USA

**Zip**  
33948-7416

**Country**  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** June 16th, 1995

**5. FEI Number**  
35-1847652

**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**  
Richard A. Badgerow

**Street Address (P.O. Box Number is Not Acceptable)**  
498 Orlando Blvd

Suite, Apt. #, Etc.

**City**  
Port Charlotte

**State** FL **Zip Code** 33054

**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**

*Richard A. Badgerow*

**Date** 2-4-2006

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	Richard A. Badgerow	498 Orlando Blvd	Port Charlotte, FL 33954
VP	Charlotte Nance	23191 Abrade Ave	Port Charlotte, FL 33980
T	June Scopino	30155 Cedar Rd	Punta Gorda, FL 33982

**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 contained in Chapter 119, 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:**

*Richard A. Badgerow*

Richard A Badgerow

2-4-2006 (239) 839-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #