

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004345**

1. Corporation Name

Rejoice Ministries of Spring Hill, INC.

2. Principal Office Address - No P.O. Box #

7610 Gates Circle

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Zip

34606

Country

Hernando

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/8/95

5. FEI Number  
31-1480290

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

Bettie C. Fitzpatrick

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

7610 Gates Circle

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34606

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Bettie C. Fitzpatrick*

REGISTERED AGENT MUST SIGN

Date May 11, 2009

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
PTD	William C. Wilson	105 Windsong Ct	Anderson, SC 29621-3561
SD	Beverly C. Wilson	105 Windsong Ct	Anderson, SC 29621-3561
VD	Bettie C. Fitzpatrick	7610 Gates Circle	Spring Hill, FL 34606
D	Carl Zooberg	62 Azalea Drive	Hartwell, GA 30643
D	Charles W. Wilson	123 Rocking Robbin Road	Westmenster, SC 29693
D	Wayne Biggs	7 Kyle Court	Mansfield, TX 76063

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.

*Bettie C. Fitzpatrick*

SIGNATURE:

*Bettie C. Fitzpatrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2009

Date

352-686-7943

Daytime Phone #