

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
 99 MAR -4 PM 2:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001555**

1. Corporation Name
THE FAMILY WORSHIP AND PRAISE CENTER, INC.

Principal Place of Business Mailing Address
3725 APALACHEE PKWY **3725 APALACHEE PKWY**
TALLAHASSEE FL 32311 **TALLAHASSEE FL 32311**



REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	03/21/1996
5. FEI Number	59-3386168
Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
P	FLANAGAN, CYRUS	1028 SUTOR ROAD
V	FLANAGAN, RHONDA	1028 SUTOR ROAD
S	PRICE, ESTELLE	1028 SUTOR ROAD
T	BARBER, TREASURER	1028 SUTOR ROAD
D	LANE, MICHAEL	1028 SUTOR ROAD
T	HEDRINGTON, ROLAND	1028 SUTOR ROAD

4. Date of Last Annual Meeting	03/10/99
5. State	FL
6. City	TALLAHASSEE
7. Zip	32311

8. Name and Address of Current Registered Agent

FLANAGAN, CYRUS F
1028 SUTOR ROAD
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **5000012801405**
 Suite, Apt. #, Etc: _____
 City: _____ State: **FL** Zip Code: _____

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: *Cyrus F. Flanagan* Date: **JAN 11, 1999**
 REGISTERED AGENT MUST SIGN

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: *CYRUS F. FLANAGAN / Cyrus F. Flanagan* Date: **1-11-99** Page No: **656-9337**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)