

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 SEP 15 AM 7:32

DOCUMENT # N96000002479

**1. Corporation Name**

The Evangelist Revival Outreach  
Center, Inc.

**2. Principal Office Address**

505 Vermont Ave.

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

**3. Mailing Office Address**

504 maine Ave

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

**REINSTATEMENT**

03-05

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

05/09/1996

**5. FEI Number**

593426180

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

Willie L. Green

000059785800

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

21 Windham Avenue

Suite, Apt. #, Etc.

City

Fort Walton Beach,

State

FL

Zip Code

32548

**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

Willie L. Green

Date

9/13/05

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
PD	Willie L. Green	21 Windham Avenue	Fort Walton Beach, FL 32548
VD	Deborah J. Green	21 Windham Avenue	Fort Walton Beach, FL 32548
S/D	Tamika P. Womack	210 Dates Avenue Apt. 15	Fort Walton Beach, FL 32548
C	Adrian D. Womack	210 Dates Avenue Apt. 15	Fort Walton Beach, FL 32548
T	Willie King	311 Elaine Street	Fort Walton Beach, FL 32548
M	Annie J. King	311 Elaine Street	Fort Walton Beach, FL 32548

**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)(f), 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:

Tamika P. Womack

Date

9/13/05

Daytime Phone #

(850) 301-  
2818