


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

06 MAY 12 AM 9:46

FILED  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002479

1. Corporation Name

The Evangelist Revival Outreach Center, Inc.

2. Principal Office Address

505 Vermont Avenue

3. Mailing Office Address

504 Maine Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

City & State

Ft. Walton Beach, FL

Zip

32547

Country

USA

Zip

32547

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1996

5. FEI Number

59-3426180

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

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

21 Windham Avenue

500075215165

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

5/1/06

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
P/D	Willie L. Green	21 Windham Avenue	Ft. Walton Bch. Florida, 32548
V/D	Deborah J. Green	21 Windham Avenue	Ft. Walton Bch. Florida, 32548
S/D	Tamika Womack	210 Dates Avenue	Ft. Walton Bch. Florida, 32548
C	Adrian D. Womack	210 Dates Avenue	Ft. Walton Bch. Florida, 32548
T	Willie King	311 Elaine Street	Ft. Walton Bch. Florida, 32548
M	Annie J. King	311 Elaine Street	Ft. Walton Bch. Florida, 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)(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:

*Tamika P. Womack*

5/1/06

850-301-2818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAY 18 2006