

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

00 NOV 17 PM 1:04

DOCUMENT # N96000002641

1. Corporation Name

THEE UNLIMITED OUTREACH, MINISTRIES, AND APOCAL
YPSE CHURCH, INC.

Principal Place of Business

Mailing Address

3120 PEMBROKE RD
BAYS #233 AND #234
HALLANDALE FL 33009
US

P.O. BOX 4816
HOLLYWOOD FL 33083



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0674447

Not Applicable

Zip

Country

Zip

Country

33090

U.S.A.

CERTIFICATE OF STATUS DESIRED ☒

\$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 00003487951--9

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
PD	DUNN, VICTOR REV	3120 PEMBROKE RD	HALLANDALE FL 33009
TD	HAIRSTON, JAMES D	3120 PEMBROKE RD	HALLANDALE FL 33009
SD	HAIRSTON, DIANNE M	3120 PEMBROKE RD	HALLANDALE FL 33009
VP/D	DIANNIE M. HAIRSTON	3120 PEMBROKE RD.	HALLANDALE, FL 33009
SD	JOE EARL MCDANIELS	900 NW 6TH AVE. #113	FLORIDA CITY, FL 33034

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAIRSTON, DIANNE M
3120 PEMBROKE RD
BAYS #233 AND #234
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-6-00

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-00
305-241-8370
954-815-4240