

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003549**

1. Corporation Name

**Tabernacle of Peace Revival Center**

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

**2905 N. Nebraska Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**3001 N. Star St.**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33602**

Country

**USA**

Zip

**33605**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**Mary Peterson**

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

**3001 N. Star St.**

Suite, Apt. #, Etc.

City

**Tampa**

State

**FL**

Zip Code

**33605**

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

*Mary J. Peterson*

REGISTERED AGENT MUST SIGN

Date

**6/24/10**

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
PCD	Albertha Williams	11500 Summit West Blvd Apt 40A	Tampa, FL 33617
DT	Sidney Williams	11500 Summit West Blvd Apt 40A	Tampa, FL 33617
SD	Teresa Sykes	2916 Cord St Apt. 6	Tampa, FL 33605
D	Mary Peterson	3001 N. Star St.	Tampa, FL 33605
D	Fannie Durant	3211 N. Cord St.	Tampa, FL 33605

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*Albertha Williams* **Albertha Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/24/10** (813-374-3187)

Daytime Phone #

FILED  
10 JUN 28 PM 1:10  
RECEIVED  
TALLAHASSEE FLORIDA

200182678132  
06/28/10--01041--006 \*\*\*367.50

**REINSTATEMENT 08-10**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/01/1996**

5. FEI Number

**593301856**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status