

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # NP6000003666

1. Corporation Name  
**Perfected Praise And Worship Center Inc.**  
**2037 - 28th St.**  
**Sarasota Florida 34234**

Principal Place of Business Mailing Address

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		4. Date Incorporated or Qualified To Do Business in Florida <b>09/09/96</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P /D	James B. Lumsden Sr.	2037 28th St. Sarasota, Florida 34234	
VP /D	James B. Lumsden Jr.	3631 - S.W. 150th Loop	Ocala, Fl. 34473
S/T /D	Darnell Lumsden	1840 - Morrill St. #104	Sarasota, Florida 34236

**REINSTATEMENT** 97-98

G. Alan  
 3/18/98

8. Name and Address of Current Registered Agent <b>James B. Lumsden Sr.</b> <b>2037 - 28th St.</b> <b>Sarasota, Florida 34234</b>		9. Name and Address of New Registered Agent Name <b>180002469561--0</b> Street Address (P.O. Box Number is Not Allowed) <b>03/26/98--01089--009</b> Suite, Apt. #, Etc. <b>****306.25 ****306.25</b> City <b>FL</b> State Zip Code	
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10. By 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 James B. Lumsden SR Date **1/12/98**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: James B. Lumsden SR 1/12/98 941 351-3959  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/2/96)