

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 26 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96 88888 6107*

1. Corporation Name

Reconciliation Christian Center, Inc

600021163866
06/26/03--010/9--002 **803.75

REINSTATEMENT *97-03*

2. Principal Office Address

2819 Greenfield Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2819 Greenfield Ave

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32808

Country

USA

City & State

Orlando FL

Zip

32808

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1996

5. FEI Number

20-056878

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

Jamal Woody

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

1718 E. 7th Ave

Suite, Apt. #, Etc.

201

City

Tampa

State
FL

Zip Code
336

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

Jamal Woody
REGISTERED AGENT MUST SIGN

Date

6/25/03

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
<i>VP/D</i>	<i>Frank Edwards</i>	<i>2819 Greenfield Ave</i>	<i>Orlando FL 32808</i>
<i>P/D</i>	<i>Michael Lewis</i>	<i>2819 Greenfield Ave</i>	<i>Orlando FL 32808</i>
<i>T/S/D</i>	<i>Louise Gentle</i>	<i>2819 Greenfield Ave</i>	<i>Orlando FL 32808</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/03

Daytime Phone #

CR2E081 (10/02)

7/6/26