

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -5 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100087711711
02/08/07--01005--030 **498.75

DOCUMENT # N97000002946

1. Corporation Name

FREEWILL CHRISTIAN CENTER
INC.

REINSTATEMENT 00-07

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

3405 N.W. 189th St.

Suite, Apt. #, etc.

3. Mailing Office Address

3405 N.W. 189th Street

Suite, Apt. #, etc.

City & State

MIAMI GARDENS FL MIAMI Gardens

Zip
33056

Country

FI

Zip

33056

Country

FI

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 22nd 1997

5. FEI Number

65-0392532

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

PASTOR DAVID ELLIS

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

8560 SOUTHAMPTON DRIVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David Ellis

Date

2-1-04

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
PRES	DAVID ELLIS	8560 SOUTHAMPTON DR. MIRAMAR FI	33025
VPRES	ELMYRA ELLIS	8560 SOUTHAMPTON DR. MIRAMAR FI	33025
TREA.	MARIAN WILLIAMS	17722 N.W. 27 th Court OPA LOCKA FI	33056
SEC.	LILLIE MAE MORLEY	2310 GREENE ST. #1 HOLLYWOOD FI	33020

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 contained in Chapter 119, 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

Daytime Phone #

2-1-04

202/6