

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 APR 18 PM 4:17

DOCUMENT # N97000004338
1. Corporation Name Kingdom of God Tabernacle
Holiness Church

2. Principal Office Address - No P.O. Box #
2887 State Rd 16 W
Suite, Apt. #, etc.
City & State
Green Cove Springs FL
Zip
32043 Country
USA

3. Mailing Office Address
P.O. Box 1919
Suite, Apt. #, etc.
City & State
Green Cove Springs FL
Zip
32043 Country
USA

600245469906
03/07/13--01024--001 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 3.5.2013

5. FEI Number
82-0560144 ☒ 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 Mildred Snell
Street Address (P.O. Box Number is Not Acceptable)
2451 Eloise Drive
Suite, Apt. #, Etc.
City
Green Cove Springs State
FL Zip Code
32043

600245469906
03/07/13--01024--002 **8.75

REINSTATEMENT

APR 18 2013

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505. **R. HUNT**
Signature of Registered Agent Pastor Mildred Snell Date 3/4/2013
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
PD	Pastor Mildred Snell	2451 Eloise Dr	Green Cove Springs, FL 32043
TR	Elisha Blount	1502 Center Street	Green Cove Springs, FL 32043
VD	Corneha Rollins	1124 North St.	Green Cove Springs, FL 32043
TR	Elijah Blount	1502 Center Street	Green Cove Springs, FL 32043
TR	Johnny Snell	1161 Elm St	Orange Park FL 32073
S	Sharian Blount	1502 Center Street	Green Cove Springs, FL 32043

10 E-mail Address: Mildred Snell 82 at Att. Com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Pastor Mildred Snell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2013

Date

Daytime Phone #