

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 27 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005973

1. Corporation Name

All Nation Church of God of Prophecy, Inc.

2. Principal Office Address

14710 N.E. Hwy 70

Suite, Apt. #, etc.

City & State

Arcadia, Florida

Zip

34266

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1997

5. FEI Number

65-0337717

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98.03

7. Name and Address of Current Registered Agent

Name

Roger Byrd

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

2991 S.E. Airport Road

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

Roger D. Byrd
Roger Byrd, REGISTERED AGENT MUST SIGN

Date 5/19/03

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
PD	Roger Byrd	2991 S.E. Airport Rd.	Arcadia, Florida 34266
VPD	David Barrett	7733 Golf Blvd.	Zolfo Springs, Florida 33890
D	Clara Forsyth	1351 N.E. Leisure Ave.	Arcadia, Florida 34266
D	Carolyn VanSickle	3295 S.R. 64 E.	Wauchulla, FL 33873

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:

Roger D. Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Byrd, President

5/19/03

Date

Daytime Phone #

CP2001 (10/02)

915/25