PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## ÄPPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## N97000006775 DOCUMENT #

1. Corporation Name

CELEBRATION TABERNACLE, INC.

Principal Place of Business

Mailing Address

35 GRANDVIEW BOULEVARD COCOA FL 32922

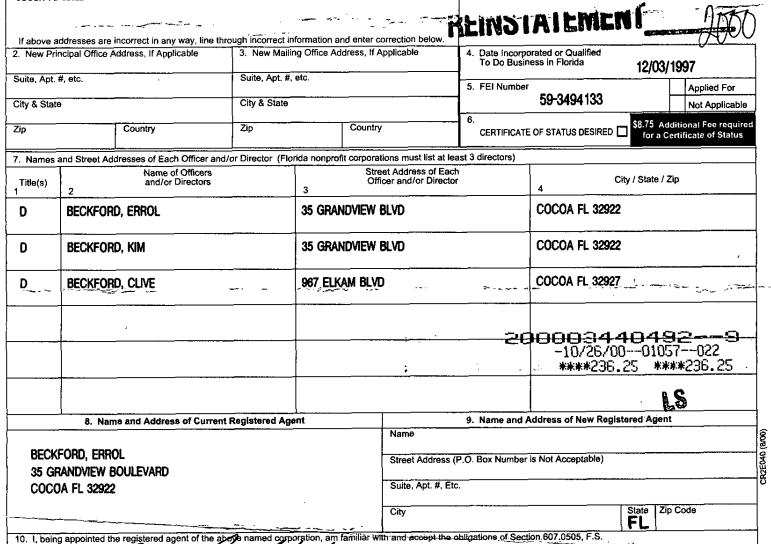
35 GRANDVIEW BOULEVARD

**COCOA FL 32922** 

## FILED

00 OCT 16 AM 9: 11

SECRETARY OF STATE, TALL AHASSEE, FLORIDA



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., 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

Signature of Registered Agent

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

DAGENT MUST SIGN

0018241