


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JUN 16 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N 980000110*

1. Corporation Name

*Tabernacle of Praise And Joy*

2. Principal Office Address

*1507 MLK Ave*

Suite, Apt. #, etc.

3. Mailing Office Address

*PO Box 102*

Suite, Apt. #, etc.

City & State

*WAuchula FLA*

Zip Country

*33873*

City & State

*WAuchula FLA*

Zip Country

*33873*

*99-05*  
Roberts 11M 20 9PMR  
80055719738  
06/03/05--01058--001 \*\*\*612.50

4. Date Incorporated or Qualified To Do Business in Florida

*Jan 9 1998*

5. FEI Number

*36-4213603*

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

*Delois Carpenter*

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

*841 Chamberlin*

Suite, Apt. #, Etc.

City

*WAuchula*

State

*FL*

Zip Code

*33873*

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

*Delois Carpenter*

REGISTERED AGENT MUST SIGN

Date

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>P</i> | <i>Lucious A. Everett</i>         | <i>252 Airport Rd</i>                          | <i>WAuchula FLA 33873</i>      |
| <i>V</i> | <i>Denise St. Everett</i>         | <i>252 Airport Rd</i>                          | <i>WAuchula FLA 33873</i>      |
| <i>S</i> | <i>NAomi Lindsey</i>              | <i>PO box 312</i>                              | <i>Bowling green FLA 33834</i> |
| <i>C</i> | <i>CHARLIE MAE RIVERS</i>         | <i>PO box 1987</i>                             | <i>WAuchula FLA 33873</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:

*Lucious A. Everett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*5-31-05*

Daytime Phone #

*863-781-6679*

CR2E081 (01/05)