

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 14 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001246

1. Corporation Name

WINNING SOULS FOR CHRIST REVIVAL CENTER, INC.

Principal Place of Business

117 SW 3RD STREET
BELLE GLADE FL 33430

Mailing Address

POST OFFICE BOX 129
SOUTH BAY FL 33493

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-50

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1998

5. FEI Number

X

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BELL, DOROTHY B	220 SW 2ND AVENUE	SOUTH BAY FL 33493
D	WILLIAMS, LEVINSKY	140 SW 6TH AVE	SOUTH BAY FL 33493
D	Takelia Bennett	120 Sparrow Dr, Apt. 203	Royal Palm Beach, FL 33411
VD	BENNETT, CARLISLE	220 SW 2ND AVE	SOUTH BAY FL 33493
S	WILLIAMS, TAMIKA	140 SW 6TH AVE	SOUTH BAY FL 33493
D	Charszette Moore	P.O. Box 2262	Belle Glade, FL 33430
T	ROKER, VANTORDO	275 NW 10TH ST	SOUTH BAY FL 33493
D	Eric West	248 Carver Place	Pahokee, FL 33476

4/22/99 00098/045

8. Name and Address of Current Registered Agent

BELL, DOROTHY B
220 SW 2ND AVENUE
SOUTH BAY FL 33493

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003140466-2

-02/18/00--01105--003

****245.00 ****245.00

State

FL

Zip Code

33493

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dorothy B Bell
REGISTERED AGENT MUST SIGN

Date

2-9-00

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

SIGNATURE:

Dorothy B Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00 (561) 992-8200

Date

Daytime Phone #