

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1098000004780**

1. Corporation Name

Ministries of the Great Commission, Inc.

2. Principal Office Address

13261 Sw 146 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

P.O. Box 160458

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33116

Country

USA

200016393092
04/21/03--01053--005 **253.75

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

8/19/98

5. FEI Number

59-3528384

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

Bishop Jarrett Elder

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

13261 Sw 146 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Date **04/18/03**

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
P/D	Bishop Jarrett Elder	13261 SW 146 St.	Miami, FL 33186
S/D	Sherry Elder	13261 SW 146 St.	Miami, FL 33186
T/D	Deacon Bernard Richardson	7000 NW 179th St Apt # 207	Hialeh, FL 33015
T/D	Deacon Jean Claude Latour	14005 NE 6th Ave Apt # 5	Miami, FL 33161

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:

Bishop Jarrett Elder/Pres.

04/18/2003 305-971-9349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (10/02)

gt 4/23

Ministries of the Great Commission

P.O. Box 160458
Miami, FL 33116
305-971-9349 phone/fax
Motgc@Bellsouth.Net

April 18, 2003

To Whom It May Concern,

The Ministries of the Great Commission, Inc., never received the UBR so will you be so kind as to waive the reinstatement fee. Enclosed, however is our Annual Report filing fee of \$245.00 for the years 2000-2003; as well as \$8.75 for a certificate.

Thank you and may God Bless you for your consideration.

Sincerely,



Bishop J.A. Elder, Sr.,
Presiding Bishop