

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 10 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005046

1. Corporation Name

The Good Shepherd Tabernacles Inc. International

2. Principal Office Address

504 N.W. Dixie Street

Suite, Apt. #, etc.

City & State

Lake City, FLA

Zip

32055 U.S.

3. Mailing Office Address

504 N.W. Dixie Street

Suite, Apt. #, etc.

City & State

Lake City, FLA

Zip

32055 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9-2-1998

5. FEI Number

59-3525720

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

Willie L. Copeland

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

500 N.E. Fronie Street

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

Willie L. Copeland

REGISTERED AGENT MUST SIGN

Date July 8, 2003

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
Pres.	<u>Willie L. Copeland</u>	<u>500 N.E. Fronie ST</u>	<u>Lake City FLA 32055</u>
V-Pres	<u>Frances Richardson</u>	<u>129 N.W. Lane ST.</u>	<u>Lake City FLA 32055</u>
Sec.	<u>Deesha Sackson</u>	<u>500 N.E. Fronie ST.</u>	<u>Lake City FLA 32055</u>
Trea.	<u>Edith Copeland</u>	<u>500 N.E. Fronie ST.</u>	<u>Lake City FLA 32055</u>

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:

Willie L. Copeland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-03 (386) 752-9689

Date

Daytime Phone #

CR2E081 (10/02)