

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N98000006727

1. Corporation Name

FELLOWSHIP TABERNACLE, INC.

Principal Place of Business

121 S. 61 TERRACE  
HOLLYWOOD FL 33023

Mailing Address

121 S. 61 TERRACE  
HOLLYWOOD FL 33023

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/1998

5. FEI Number

58-2425219

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
D	TAYLOR, PHILLIP A	8 PALM STREET 17774 SW 12 ST	Pembroke Pine, HOLLYWOOD FL 33029
D	ELLIS, R P	17506 N.W. 7 COURT	PEMBROKE PINES FL 33029
D	LESLIE, CYNTHIA M	9802 S.W. 57 STREET	COOPER CITY FL 33328
D	LESLIE, ROBERT A	9802 S.W. 57 STREET	COOPER CITY FL 33328
D	CARLOS ROMERO	7139 W 57 ST Ken Hialeah	Miami, FL 33012
D	CELESTINA TAYLOR	17774 SW 12 ST	Pembroke Pine, 33029

8. Name and Address of Current Registered Agent

TAYLOR, PHILLIP A

8 PALM STREET 17774 SW 12 St.  
HOLLYWOOD FL 33024 Pembroke Pine, FL 33029

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800003069608--4

-12/14/99-01080--016

\*\*\*236 25 \*\*\*236 25

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11.12.99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. LESLIE

Date

Daytime Phone #

11-18-99  
954-434-1183

CS2EDM0 (8/99)