

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 OCT 25 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000007136**

1. Corporation Name

PROSPEROUS LIFE CATHEDRAL, INCORPORATED

Principal Place of Business

Mailing Address

~~1686 COURTLAND BOULEVARD
DELTONA FL 32738~~

~~1686 COURTLAND BOULEVARD
DELTONA FL 32738~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3330 W. COLONIAL DR.

Suite, Apt. #, etc.

P.O. BOX 581055

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FL 32858

Zip

32858

Country

U.S.

Zip

32858

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1998

SP

5. FEI Number

59-3546423

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	JOHNSON, DARRELL A	1686 COURTLAND	DELTONA FL 32738
TD	CHONG, GAYLE	109 ROSEDALE DR	DELTONA FL 32738
VSD	JOHNSON, PATRICIA A	1686 COURTLAND	DELTONA FL 32738
PD	JOHNSON, DARRELL A	5317 CURRY FORD RD	ORLANDO, FL 32812
VSD	JOHNSON, Ethel L.	1320 E. Ferry St.	BUFFALO, NY 14211
MD	JOHNSON, MARLON D.	1320 E. Ferry St.	BUFFALO, NY 14211

8. Name and Address of Current Registered Agent

JOHNSON, DARRELL A

~~1686 COURTLAND BOULEVARD~~

~~DELTONA FL 32738~~

9. Name and Address of New Registered Agent

Name

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

5317 CURRY FORD RD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **SEP 22, 2000**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 22, 2000 (407)

Date

Daytime Phone #

972-6101

CR2E040 (8/00)