

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N98000007269

1. Corporation Name

FOUNDATION REVIVAL CENTER CHURCH OF REDEMPTION, INC.

Principal Place of Business

1616 NORTH 19 ST.  
FT. PIERCE FL 34947

Mailing Address

1616 NORTH 19 ST.  
FT. PIERCE FL 34947

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

12/28/1998

5. FEI Number

Applied ☒ SP  
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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	CARROLL, MARY A	1616 NORTH 19 ST.	FT. PIERCE FL 34947
D	MILLS, WANDA R	2903 SE 13 ST.	GAINESVILLE FL 32608
D	CARROLL, TARSHA	4323 BESSIE CIRCLE	JACKSONVILLE FL 32209

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-11/22/99--01138--009  
\*\*\*\*236.25 \*\*\*\*236.25

8. Name and Address of Current Registered Agent

CARROLL, MARY A  
1616 NORTH 19 ST.  
FT. PIERCE FL 34947

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

Mary A. Carroll  
REGISTERED AGENT MUST SIGN

Date 10-14-99

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 807 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:

MARY A. CARROLL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-99 561-467-1333  
Date Daytime Phone