

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001183

1. Corporation Name

Higher Praise Cathedral
203 S. Nieman Ave
Melbourne Fl. 32935

2. Principal Office Address

203 S. Nieman Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Melbourne Fl.

City & State

Same

Zip

32935

Country

Brevard

Zip

32935

Country

Brevard

REINSTATEMENT 02-03

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

5. FEI Number

59-3575184

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 Sidney D. English

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

203 S. Nieman Ave

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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 Sidney D. English

REGISTERED AGENT MUST SIGN

Date 1/16/03

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
PD	<u>Sidney English</u>	<u>1086 Masterson St.</u>	<u>Melbourne Fl. 32935</u>
VD	<u>Bobbie Gatrin</u>	<u>203 S. Nieman Ave</u> <u>Melbourne Fl</u>	<u>Melbourne Fl. 32935</u>
CD	<u>VANESSA STEWART</u>	<u>957 CRANBERRY RD.</u>	<u>SE. PAIM BAY FL 32909</u>
D	<u>Tanya French</u>	<u>203 S. Nieman Ave</u>	<u>Melbourne Fl. 32935</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 filling 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)(f), 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:

Mrs. Tanya French
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-103

252/24