

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 AIR

APPLICATION FOR REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # N99000002066

1. Corporation Name

GREATER PRAYER TEMPLE OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

330 PINES STREET
BRONSON FL-32621

330 PINES STREET
BRONSON FL 32621

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1999

5. FEI Number

59-3421985

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	NELSON, LEWIS B	330 PINES STREET	BRONSON FL 32621
STD	WOODLEY, ROOSEVELT	330 PINES STREET	BRONSON FL 32621
D	SMITH, SYLVESTER	330 PINES STREET	BRONSON FL 32621
D	MATHIS, ARTHUR J JR.	P.O. BOX 232	BRONSON FL 32621
D	NATTIEL, REGINALD JR.	P.O. BOX 964	NEWBERRY FL 32669
<p>500101358175 05/03/07--01020--008 **61.25</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPiegel & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-8-2007

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

[Signature]

Date

Daytime Phone #

4-8-2007

CR2E040 (7/03)