

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 SEP 25 PM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002066**

1. Corporation Name

**GREATER PRAYER Temple OUTREACH MIN.  
INC.**

2. Principal Office Address - No P.O. Box #

**330 PINE ST.**

3. Mailing Office Address

**P.O. Box ~~1420~~ 1420**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRONSON, FL**

City & State

**Bronson, FL**

Zip

**32621**

Country

**USA**

Zip

**32621**

Country

**USA**

12/19/11 01054 004 \$61.25

06/07/12 01026 005 \$297.50

4. Date Incorporated or Qualified  
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

**Pastor Lewis B. Nelson**

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

**13534 SW 160th Way**

Suite, Apt. #, Etc.

**Apt. 10**

City

**Archer**

State

**FL**

Zip Code

**32618**

**REINSTATEMENT 11-13**

**400215343894**

**09/25/13--01032--004 \*\*61.25**

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

*[Signature of Pastor Lewis B. Nelson]*

REGISTERED AGENT MUST SIGN

Date **09-18-13**

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
D	Pastor Lewis B. Nelson	13534 SW 160th Way Apt. 10	Archer, FL 32618
T/S	Roosevelt Woodley	513 E. Main St.	Bronson, FL 32621
T	Reginald Nattiel	685 NW 258th St.	Newberry, FL 32669
T/C	Arthur J. Mathis, Jr.	286 DUNN ST. <del>P.O. Box 282</del>	Bronson, FL 32621
T	Edith L. Nelson	15887 SW 133rd Lane	Archer, FL 32618

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature of L.B. Nelson]* **L.B. Nelson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-18-13**

Date

**352-495-7017**

Daytime Phone #