

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002716

1. Corporation Name

HOSANNA WORSHIP CENTER

100353422771
10/08/20--01014--014 **848.75

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

3671 ENVIRON BLVD

Suite, Apt. #, etc.

SUITE 668

City & State

FORT LAUDERDALE FL

Zip

33319

Country

USA

3. Mailing Office Address

2732 SPINDLETOP LN NW

Suite, Apt. #, etc.

City & State

KENNESAW GA

Zip

30144

Country

USA

CR2E081 (1/1/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1999

5. FEI Number

65-0915726

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

STEVE SAINTUS

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

3671 ENVIRON BLVD

Suite, Apt. #, Etc.

SUITE 668

City

FORT LAUDERDALE

State

FL

Zip Code

33319

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

REGISTERED AGENT MUST SIGN

Date

8/20/20

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	STEVE SAINTUS	3671 ENVIRON BLVD #668	FORT LAUDERDALE, FL 33319
TD	HYGUE DULCIO	3195 LAWRENCEVILLE HWY	LAWRENCEVILLE GA 30044
VSC	ESTHER SAINTUS	2732 SPINDLETOP LN NW	KENNESAW GA 30144

REINSTATEMENT

2010-2020

10. E-mail Address:

ESTHER.SAINTUS@GMAIL.COM

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/20/20 (404) 748-5351

Daytime Phone #