

CAPITAL CONNECTION

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09/17 '01 13:26 NO.571 03/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 19 AM 8:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>NA9000002850</u>							
1. Corporation Name <u>The Tabernacle Mission, Corp</u>							
2. Principal Office Address <u>4846 S.R. 674</u>				3. Mailing Office Address " <u>SAME</u> "			
Suite, Apt. #, etc. <u>222</u>				Suite, Apt. #, etc. " " "			
City & State <u>SUN City Center, FL</u>				City & State " " "			
Zip <u>33573</u>		Country <u>USA</u>		Zip " " "		Country " " "	
4. Date Incorporated or Qualified To Do Business in Florida <u>March 22, 1999</u>				5. FEI Number <u>59-3640580</u> 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 <u>Benjamin Santiago, II</u>							
Street Address (P.O. Box Number is Not Acceptable) <u>4846 S.R. 674</u>							
Suite, Apt. #, Etc. <u>222</u>							
City <u>SUN City Center</u>							
State <u>FL</u>		Zip Code <u>33573</u>					
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 <u>Benjamin Santiago, II</u> Date <u>9/17/2001</u>							
REGISTERED AGENT MUST SIGN							
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	
President		<u>D Benjamin Santiago, II</u>		<u>4846 S.R. 674 Box 222</u>		<u>SUN City Center, FL 33573</u>	
Secretary		<u>D Sonia N. Perez</u>		<u>1401 Bougainvillea Avenue</u>		<u>Tampa Florida 33612</u>	
Director		<u>music D Donald E. Zebe, Jr.</u>		<u>4631 Tampa Street</u>		<u>Philadelphia, PA 19120</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 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)(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: <u>Benjamin Santiago, II</u> Date <u>9/17/2001</u> (813) 758-4454							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							