

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 29 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002924**

1. Corporation Name

**Land of Promise ministries,
missions, INC.**

2. Principal Office Address

17902 Villa Creek Dr.

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33647

Country

Hillsborough

3. Mailing Office Address

17902 Villa Creek Dr.

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33647

Country

Hillsborough

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

5-12-99

5. FEI Number

59-3490367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles R. Hecker, JR.

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

17902 Villa Creek

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33647

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

Charles R. Hecker, JR.

REGISTERED AGENT MUST SIGN

Date **5-23-03**

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
Pres.	Charles R. Hecker Jr.	17902 Villa Creek Dr.	Tampa, FL 33647
Treas.	Deborah A. Hecker	17902 Villa Creek Dr.	Tampa, FL 33647
Dir.	Cassandra Hecker	38939 C. Ave.	Zephyrhills, FL 33540
Dir.	Erica Joseph	4514 N. 34th St.	Tampa, FL 33610

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)(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

Charles R. Hecker, JR.

Date

5-23-03

Daytime Phone #

813-907-2786

CR2E081 (10/02)