

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N99000003082**

1. Corporation Name

Miracle Tabernacle Full Gospel
Baptist Church, Inc

2. Principal Office Address

731 WINDGROVE TRAIL
MAITLAND FL 32751

3. Mailing Office Address

731 WINDGROVE TRAIL
MAITLAND FL 32751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND FL

City & State

MAITLAND, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

REINSTATEMENT

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

05-14-1999

5. FEI Number

NONE

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

ALPHONZO M HARDEMAN

100004702191

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

731 WINDGROVE TRAIL

12/03/01 01047 020

***236.25 ***236.25

Suite, Apt. #, Etc.

City

MAITLAND

State

FL

Zip Code

32751

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

Alphonzo Hardeman
REGISTERED AGENT MUST SIGN

Date

8-22-01

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	ALPHONZO M HARDEMAN	731 WINDGROVE TR.	MAITLAND, FL 32751
D	ALFERDOLL HARDEMAN	3203 WALLER PLACE	ORLANDO, FL 32805
D	NAOMI THOMPSON	7514 DOMINO STREET	ORLANDO, FL 32809
T	ALONZO HARDEMAN	7131 LAUREL HILL RD	ORLANDO, FL 32813
S	ELIZABETH HARDEMAN	7131 LAUREL HILL RD	ORLANDO, FL 32813
D	EMMA SMITH	2410 WHISPERING MAPLE DR	ORLANDO FL 32837

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:

Alphonzo Hardeman

8-22-01

Date

407-644-4519

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/00)