

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -7 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006392

1. Corporation Name

OVERCOMERS WORKSHIP CENTER, INC.

900041815009
10/12/04--01035--011 **122.50

2. Principal Office Address

292 N. MAGNOLIA DRIVE

Suite, Apt. #, etc.

City & State

TLH, FL

Zip

32301

Country

USA

3. Mailing Office Address

S A M E

Suite, Apt. #, etc.

City & State

Zip

Country

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

11/99

5. FEI Number

91-3599778

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

Dr. Demetrius A. Colby

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

6540 CEDAR CHASE WAY

Suite, Apt. #, Etc.

City

TLH

State

FL

Zip Code

32311

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]

REGISTERED AGENT MUST SIGN

Date

10/6/04

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./ CEO	DEMETRIUS A. COLBY 6540 CEDAR CHASE WAY	6540 CEDAR CHASE WAY TLH, FL 32311	TLH, FL 32311
D	GEORGIA COLBY	3520 OLD BRIMBRIDGE RD #292	TLH, FL 32312
D	ELICIA A. COLBY	6540 CEDAR CHASE WAY	TLH, FL 32311

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/04

Date

Daytime Phone #

CR2E081 (01/04)

202

10/6/09

TO WHOM IT MAY CONCERN;

PLEASE RE-INSURE OUR CORPORATION AT THIS TIME. WE

DID NOT RECEIVE OUR RENEWAL FORM IN THE MAIL.

Sincerely,

X 