

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 14 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006474

1. Corporation Name

ZION WORSHIP CENTER ~~INC.~~ ^{LLC}
TAMPA, FL INC. #C. (original)

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

2106 LITHIA PINECREST

Suite, Apt. #, etc.

Road

City & State

VALRICO FLORIDA

Zip

33596

Country

US

3. Mailing Office Address

2106 LITHIA PINECREST

Suite, Apt. #, etc.

Road

City & State

VALRICO FL

Zip

33596

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-99

5. FEI Number

593628804

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

MATHEW B. JOSEPH (Rev)

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

444 COUNTRY VINEYARD DR

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

08/7/09

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	HAROLD L. COOFT JR	1303 WINDHAMMER RD	VALRICO FL 33594
D	JACOB GEORGE V.	444 Country Vineyard Dr	Valrico, FL 33594
D	BELLAH ROY	833 Tuscanny St	BRANDON FL 33511

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 contained in Chapter 119, 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] (JACOB GEORGE V.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/7/09

Date

(813-943-7693)

Daytime Phone #