

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N99000006584**

1. Corporation Name

**THE TRUE LABORS' OF CHRIST MINISTRY, INC.**

00 OCT 23 AM 10:53

Principal Place of Business

Mailing Address

601 N.W. 30TH AVENUE  
POMPANO BEACH FL 33069

601 N.W. 30TH AVENUE  
POMPANO BEACH FL 33069



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~2402 N.W. 9th St.~~  
~~Suite, Apt. #, etc.~~  
~~Pompano Bch. Fl.~~  
~~City & State~~

~~Suite, Apt. #, etc.~~  
~~2402 N.W. 9th St.~~  
~~City & State~~  
~~Pompano Bch. Fl.~~

Zip **33069** Country **U.S.**

Zip **33069** Country **U.S.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/04/1999**

5. FEI Number

☒ Applied For  
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROLLE, JAMES	601 N.W. 30TH AVENUE	POMPANO BEACH FL 33069
VD	CARTER, YVONNE L	7589 HAMPTON BLVD.	N. LAUDERDALE FL 33068
<del>STD</del>	<del>ROLLE, ROSA M</del>	<del>601 N.W. 30TH AVENUE</del>	<del>POMPANO BEACH FL 33069</del>
STD	Dorothy Johnson	600 N.W. 30th Ave	Pompano Bch. Fl. 33069
			800003465168--9 -11/15/00--01118--001 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROLLE, JAMES  
601 N.W. 30TH AVENUE  
POMPANO BEACH FL 33069

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*James L. Rolle*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-19-00**

11. 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:

*James L. Rolle*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-19-00**

Daytime Phone #