

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007673

1. Corporation Name

Trinity Pentecostal Tabernacle, Inc.

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

5279 Hwy 77

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 940

Suite, Apt. #, etc.

City & State

Chipley, FL

Zip

32428

Country

US

City & State

Lynn Haven

Zip

32444

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/10--01006--025 **481.25
9/2004

5. FEI Number

59-3622049

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

Victor J. Mastro

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

716 Heavener Lane

Suite, Apt. #, Etc.

City

Southport

State

FL

Zip Code

32409

☐ 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.

500166323205
02/01/10--01002--002 **\$1.25

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

Victor J. Mastro

REGISTERED AGENT MUST SIGN

Date JAN 8 - 2010

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
	Secretary-Treasurer		
Mrs.	Susanne Schomer	14439 Old Spikes Road	Southport, FL 32409
	Vice Chair		
Mr.	Brett Schomer	14439 Old Spikes Road	Southport, FL 32409
	Pastor		
Mrs.	Lynne Eldridge	5136 Kaitlin Trail	Chipley, FL 32428
	Board Chair		
Mr.	Victor J. Mastro	715 Heavener Lane	Southport, FL 32409

10. E-mail Address: pckid1@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Victor J. Mastro

Victor J. Mastro

JAN 8, 2010 (850) 265-0833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #