

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 24 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084218

1. Corporation Name

PROMISE LAND PRODUCTIONS, INCORPORATED

Principal Place of Business

13014 NORTH DALE MABRY, SUITE 649
TAMPA FL 33618

Mailing Address

13014 NORTH DALE MABRY, SUITE 649
TAMPA FL 33618

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1998

5. FEI Number

59-3558364

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
PTD	WHITE, JEWEL	2608 WESLEY DRIVE	SAGINAW MI 48601
VD	PULLEY, KARL	1422 ORDWAY PLACE	NASHVILLE TN 37208
SD	MATTHEWS, CRAIG	825 WYNFIELD TERR	RICHMOND VA 23223

800003060978--0
-12/06/99--01011--011

****375.00 ****375.00

REINSTATEMENT

800003060978--0
-12/06/99--01011--012

****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, AVA L
13014 NORTH DALE MABRY, SUITE 649
TAMPA FL 33618

Name
Ava L. Parker
Street Address (P.O. Box Number is Not Acceptable)
200 W Forsyth Street
Suite, Apt. # Etc.
800
City
Jacksonville
State
FL
Zip Code
32202

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

Ava L. Parker
REGISTERED AGENT MUST SIGN

REQUIRED

Date 10-21-99

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:

Karl E. Pulley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99

615-226-5797
Date Daytime Phone #