


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 16 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 980000110*

1. Corporation Name
Tabernacle of Praise And Joy

99-05

Roberts *1111 20 9PM*
80055719738
06/03/05--01058--001 ***612.50

2. Principal Office Address <i>1507 MLK Ave</i>		3. Mailing Office Address <i>PO Box 102</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>WAuchula FLA</i>		City & State <i>WAuchula FLA</i>	
Zip <i>33873</i>	Country	Zip <i>33873</i>	Country

4. Date Incorporated or Qualified To Do Business in Florida
Jan 9 1998

5. FEI Number
36-4213603

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
Delois Carpenter

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

Suite, Apt. #, Etc.

City
WAuchula

State
FL

Zip Code
33873

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 *Delois Carpenter* Date _____

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Lucious A. Everett</i>	<i>252 Airport Rd</i>	<i>WAuchula FLA 33873</i>
<i>V</i>	<i>Denise St. Everett</i>	<i>252 Airport Rd</i>	<i>WAuchula FLA 33873</i>
<i>S</i>	<i>NAomi Lindsey</i>	<i>PO box 312</i>	<i>Bowling green FLA 33834</i>
<i>C</i>	<i>Charlie MAF Rivers</i>	<i>PO box 1987</i>	<i>WAuchula FLA 33873</i>

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: *Lucious A. Everett* Date *5-31-05* Daytime Phone # *863-781-6679*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)