

CAPITAL CONNECTION

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09/17 '01 13:26 NO.571 03/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 SEP 19 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA9000002850
1. Corporation Name The Tabernacle Mission, Corp

2. Principal Office Address
4846 S.R. 674

3. Mailing Office Address
" SAME "

Suite, Apt. #, etc.
222

Suite, Apt. #, etc.
" " "

City & State
SUN CITY CENTER, FL

City & State
" " "

Zip
33573

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
March 22, 1999

5. FEI Number
59-3640580

00-01

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Benjamin Santiago, II
Street Address (P.O. Box Number is Not Acceptable) 4846 S.R. 674
Suite, Apt. #, Etc. 222
City SUN CITY CENTER
State FL Zip Code 33573

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 Benjamin Santiago, II Date 9/17/2001
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
President	<u>D Benjamin Santiago, II</u>	<u>4846 S.R. 674 Box 222</u>	<u>SUN CITY CENTER, FL 33573</u>
Secretary	<u>D Sonia N. Perez</u>	<u>1401 BOUGAINVILLE AVENUE</u>	<u>Tampa Florida 33612</u>
Director music	<u>D Donald E. Zebe, Jr.</u>	<u>4631 TAMPA STREET</u>	<u>Philadelphia, PA 19120</u>
			<u>LS</u>

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)(f), 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: Benjamin Santiago, II Date 9/17/2001 Daytime Phone # (813) 758-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR