

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 20, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **711567**

1. Corporation Name

CALVARY COMMUNITY CHURCH OF TAMPA, INC.

Principal Place of Business

Mailing Address

**4811 GEORGE ROAD
TAMPA FL 33634**

**P.O. BOX 24351
TAMPA FL 33623**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1966

5. FEI Number

59-1581424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	LINDSTROM, HANK, DR.	3010 DELEON ST	TAMPA FL
PD	POLSON, JAMES	7104 NORTHBRIDGE	TAMPA FL
SD	PASTERNAK, STEFAN	5456 PENTAIL CIR	TAMPA FL
TD	JONES, DOUG	17112 LAKE JAMES ROAD	ODESSA FL 33556
D	MONTGOMERY, WESLEY	3110 WEST MANHATTON STREET	TAMPA FL 33611

8. Name and Address of Current Registered Agent

**LINDSTROM, HANK, DR.
4811 GEORGE ROAD
TAMPA FL 33634**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
[Signature]
REGISTERED AGENT MUST SIGN

Date

11/13/02

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:

SIGNATURE REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02 813-804-4328

CR2E040 (8/02)