

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN -8 AM 8:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **728337**

1. Corporation Name

**BRADENTON BRETHERN CHURCH INC.**

Principal Place of Business

Mailing Address

3708 53RD AVENUE EAST  
 BRADENTON FL 34203

3708 53RD AVENUE EAST  
 BRADENTON FL 34203

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

**REINSTATEMENT** 2000

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6538577

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	SHROCK, D. LYNETTE	1713 - 8TH ST. W.	PALMETTO FL
T	LAPISH, DALE	1219 51 AVE E #168	BRADENTON, FL 00000
P	GARRETT, BUCK	6710 ELLENTON-GILLETTE	PALMETTO FL
C	SHROCK, ENOS	1713-8TH ST. W.	PALMETTO FL
TR	ADER, MARTHA	120 52 AVE DR W	BRADENTON FL
D	PATRICK, ROBERT	2407 45TH ST., CT. E.	BRADENTON FL

8. Name and Address of Current Registered Agent

PATRICK, CONNIE  
 5216 33RD ST, E  
 BRADENTON FL 33508

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 300003554473--0  
 Suite, Apt. #, Etc. -01/18/01--01102--003  
 City State Zip Code  
 \*\*\*236.25 FL \*\*\*236.25

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

*Connie Patrick*  
 REGISTERED AGENT MUST SIGN

Date 10-14-00

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:

*ENOS SHROCK*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Enos Shrock - Chairman of Board*

10-14-00

Date

Daytime Phone #

941-  
 922-7848

CR2E040 (8/00)