

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 OCT 19 AM 11:03

DOCUMENT # **748724**

1. Corporation Name

LIBERTY TEMPLE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

8642 STARKEY ROAD
 LARGO FL 33777
 US

8642 STARKEY ROAD
 LARGO FL 33777
 US



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

4. Date Incorporated or Qualified To Do Business in Florida

08/30/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2447271

Applied For

Not Applicable

City & State

City & State

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
D	ELRITH, PAUL <i>Incorrect (Delete)</i>	1100 WOODBROOK DR-	LARGO FL
PD	LONGTIN, DAN	7298 UIMERTON RD #609	CARGO FL 34641
D	ELRITH, PAULSON	1001 STARKLEY RD #611	LARGO FL
SD	PAMOLES, ROMAN	160 WOOD BROOK DR	LARGO FL
D	SCHULER, PAUL <i>Please (Delete)</i>	8945 COUNTY SQ DR.	CARGO FL 34647
D	Washburn, Billy (add)	8942 Enchantment Drive	Largo, FL 34643

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONGTIN, DAN
 7298 ULMERTON RD #609
 LARGO FL 34641

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City

300003447493-9
 -11/01/00--01092--015
 ****245.00 ****245.00

State
 Zip Code
 FL

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

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10-11-00

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:

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

10-11-00
 Date

(227)391-9743
 Daytime Phone #

CR2E040 (9/00)