

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000005958**

1. Corporation Name

TRADEWINDS CHRISTIAN CHURCH, INC.

2. Principal Office Address

261 44th AVE

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

Zip

33706

Country

U.S.

3. Mailing Office Address

P.O. BOX 66127

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

Zip

33736

Country

U.S.

REINSTATEMENT 01-54

**4. Date Incorporated or Qualified
To Do Business in Florida**

AUGUST 28, 2000

5. FEI Number

EIN 65-1034270

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

MICHAEL A. AVATO

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

261 44th AVE

Suite, Apt. #, Etc.

City

ST. PETE BEACH, FL

State

FL

Zip Code

33706

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

MARCH 16, 2004

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
PRES.	MICHAEL A. AVATO	261-44 th AVE	ST. PETE BEACH, FL 33706
SEC.	FRED MALVAGNO	10654 94 th PLACE	SEMINOLE, FL 33772
TRES.	JOHN JORDAN	593 39 th AVE	ST. PETE BEACH, FL 33706

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:

[Signature]

MICHAEL A. AVATO

MARCH 16, 2004 (727) 432-3132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)