PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 30 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10350

1. Corporation Name TAMPA BAY CENTER OF RELIGIOUS SCIENCE, INC.

Principal Place of Business	Mailing Address
4600 E. BUSCH BLVD. TAMPA, FL 33617	same

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
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 7/22/85

5. FEI Number 59-2594430 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 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) or Trustees

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/TRUSTEE	ROBERT BATSON	4600 E. Busch Blvd.	Tampa, FL 33617
V/TRUSTEE	LISA B. DAY	4600 E. Busch Blvd.	Tampa, FL 33617
T/TRUSTEE	FULLARD GARY STINES	4600 E. Busch Blvd.	Tampa, FL 33617
ASST.T/ TRUSTEE	HELEN OLIVER	4600 E. Busch Blvd.	Tampa, FL 33617
CORP.S TRUSTEE	REV.NICHIA COLMAN ACKERMAN	4600 E. Busch Blvd.	Tampa, FL 33617

8. Name and Address of Current Registered Agent

REV. NICHIA COLMAN-ACKERMAN
4600 E. Busch Blvd.
Tampa, FL 33617

9. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

970703797--01075--006
*****61.25 *****61.25

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 (X) REV.NICHIA COLMAN ACKERMAN ANY SIGN Date June 18, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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.