

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N94000004279

1. Corporation Name

WORLD HARVEST CHRISTIAN CENTER
OF TAMPA BAY, INC.

REINSTATEMENT 01-03

500015443165
04/08/03--01001--015 **367.50

2. Principal Office Address

12701 BALM BOYETTE RD

Suite, Apt. #, etc.

City & State

RIVERVIEW, FLORIDA

Zip

33569

Country

USA

3. Mailing Office Address

P.O. BOX 1331

Suite, Apt. #, etc.

City & State

VALRICO, FLORIDA

Zip

33594

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-29-94

5. FEI Number

59-3270109

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

CATHLEEN BREWSTER

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

925 TUSCANNY ST

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

Cathleen S. Brewster

Date 4-02-03

REGISTERED AGENT MUST SIGN

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
PD	BERNIE F. BREWSTER, JR.	925 TUSCANNY ST.	BRANDON, FL. 33511
VO	CATHLEEN S. BREWSTER	925 TUSCANNY ST.	BRANDON, FL. 33511
STD	ALAN J. WESTFALL	5905 ERHARDT DR.	RIVERVIEW, FL 33569

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.

CATHLEEN S. BREWSTER

SIGNATURE: *Cathleen S. Brewster* VPD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

813.643.2000

Daytime Phone #

CR2E081 (10/02)

2/19