

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  
02 JAN 18 PM 2:30

**DOCUMENT # N99000002488**

1. Corporation Name

**THE INTERNATIONAL SEAFARERS' MISSION OF TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

ST. ANDREW'S EPISCOPAL CHURCH  
509 E. TWIGGS ST.  
TAMPA FL 33602

ST. ANDREW'S EPISCOPAL CHURCH  
509 E. TWIGGS ST.  
TAMPA FL 33602



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

**REINSTATEMENT** 01  
Date Incorporated or Qualified To Do Business in Florida **04/19/1999**

5. FEI Number **59-3580972** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HENLEY, EDWARD J JR	404 PARK RIDGE AVE	TEMPLE TERRACE FL 33617
SD	MCGOWAN, WILLIAM	107-29 AVENUE	ST. PETERSBURG BEACH FL 33606
D	KINSOLVING, RUTH	5816 BAYSHORE BLVD	TAMPA FL 33602
D	RUELO, ROBERTO	16429 ASHWOOD DR	TAMPA FL 33624
D	SINK, DONALD	5409 CRESCENT DR	TAMPA FL 33611
D	BONOAN, RAYNALD	18638 LININGSTON AVE	LUTZ FL 33549

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENLEY, REV. EDWARD J JR  
ST. ANDREW'S CHURCH  
509 E. TWIGGS STREET  
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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.

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Signature of Registered Agent

*Edward J. Henley Jr.*  
REGISTERED AGENT MUST SIGN

Date

1/15/02

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:

*Edward J. Henley Jr.*

1/15/02

813-962-3089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)