

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

01 OCT 19 PM 12:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **750996**

1. Corporation Name

THE TALLAHASSEE CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

901 THOMASVILLE RD
 TALLAHASSEE FL 32303

~~901 THOMASVILLE RD~~ **313 Johnston St**
 TALLAHASSEE FL 32303
 US



600004652126--0
 -10/25/01--01001--022

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

02/12/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2110536

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
DPD	GROSS, FRANK B	3733 LIFFORD CIRCLE	TALLAHASSEE FL 32308
DS C	BOGAN, BILL	3672 STIRLING DR	TALLAHASSEE FL 32308
DS S	NASH, JENNIFER T	4039 ROSCREA DR	TALLAHASSEE FL 32308
T	Younger, Kevin	2316 Limerick Dr	Tallahassee / FL / 32306
D	Krueger, Eric	2944 Woodrich Dr, Apt A	Tallahassee / FL / 32301

8. Name and Address of Current Registered Agent

DANIEL, STEPHANIE
 1511 TWIN LAKES CIRCLE
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

X 10-19-01

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:

[Handwritten Signature]
 Eric Krueger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.19.01

Date

224-0914

Daytime Phone #

CF2E040 (8/01)