PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		a nii si	EL ODIDA 05010	DIDA DEDA DEMENT OF CTATE			FILED			
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		AIE	2020 HAR -3 PH 12: 42				
1. Corpora	JMENT ation Name 5770	*#					ALLAHASSE ALLAHASSE			
First Church of Christ, Scientist – Sarasota, FL						200341585742 03/03/2001006023 **297.50				
210	00 Main S	ss - No PO Box#	3. Mailing Office Address 2100 Main Street			CR2E081 (11/10)				
Suite, Apt #, etc Sarasota, FL City & State			Suite, Apt #, etc Sarasota, FL City & State			. 4. Date incorporated or Qualified To Do Business in Florida 1/29/1964				
· 		-Mauritai	,) Country		5 FEI Numbe	59-0751917		Applied For Not Applicable	
^{Zip} 342	237-6024	USA	34237-6024	USA		CERTIFICAT	E OF STATUS DESIR		Additional Fee required a Certificate of Status	
Name Street Add	ress (P.O. Bo 2142	7. Name and Address of Teresa D Number is Not Acceptable) Wells Avenue		State Zip Co						
Signature o Registered	of Agento	registered agent of the abo	EGISTERED AGENT MUST	T SIGN			on 607.0505 or 617	0503, F.S 2/23/	['] 2020	
9. Names	s and Street A	ddresses of Each Officer and	l/or Director (Florida nonpro	ofit corporations mus Street Address		ast 3 directors)				
Titles		Name of Officers and/or Directors		Officer and/or	Director		·	City / State /	Ζιρ 	
PCT	Γ	Cole, Teresa D	2	142 Wells Ave	enue		Saras	ota, FL 3	4232	
V		Bayard, Kimberly		2810 S Jefferson Ave		nue	Saras	ota, FL 3	4239	
——\$C		— Wr ight, P atricia	A - 2	142-Wells Ave	enue-		Saras	ota, FL 3	4232 -	
							,			
-7										

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

FCCS.sarasota@verizon.net

10. E-mail Address:

CICLIATURE		
SIGNATURE:	Tenent () (Older Tenent Ocale	2/23/2020(941) 356-2562OR
-	SIGNATURE AND PRINTED NAME OF SIGNING OF FICER OR DIRECTOR	2/23/2020_ _{Date} (941) 356-2 <u>562 (46</u> 0〇尺

(To be used for future annual report notification)