

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  
 JUN 25 PM 1:50  
 TALLAHASSEE, FLORIDA

DOCUMENT # **908637**  
 1. Corporation Name **W98-29026**  
**CAUSEWAY BAPTIST CHURCH**

Principal Place of Business Mailing Address  
**3015 South 75th St.**  
**TAMPA, FLORIDA 33619**

**REINSTATEMENT**

90-990  
 78  
 125/89

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 <b>MARCH 1965</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>908637</b> Applied For Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PASTOR	REV. R.A. "RICH" DOMINGUEZ	6206 WATER MARK DR. #105 RIVERVIEW, FL. 33569	RIVERVIEW, FL. 33569
SENIOR DEACON	JAMES R. JONES-D	3013 S. 76th St.	TAMPA, FL. 33619
TRANSUR	Phyllis Bridges	1307 Windsor Way	TAMPA, FL. 33619
D Director	JAMIE BRIDGES-D	1307 Windsor Way	TAMPA, FL. 33619
D Director	ED WEBB-D	1710 Windsor Way	TAMPA, FL. 33619

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 \*\*\*\*428.75 \*\*\*\*428.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>JAMES R. JONES</b> <b>3013 Sou. 76th St.</b> <b>TAMPA, Florida 33619</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		<b>FL</b>	

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 **James R. Jones** REGISTERED AGENT MUST SIGN Date **12-19-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.

SIGNATURE **Rev. R.A. "Rich" Dominguez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/17/98** (813) 626-4950  
 Daytime Phone #

CR2E040 (1/98)