PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 13 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500023508975
10/13/03--01055--001 **166.25
10/02/03 01013 015 $70.00

REINSTATEMENT 2003

DOCUMENT # 708949

1. Corporation Name

SUNCOAST CATHEDRAL, FIRST ASSEMBLY OF GOD, INC., OF ST. PETERSBURG, FLORIDA

Principal Place of Business	Mailing Address
2300 62ND AVE N ST PETESBURG FL 33702 US	2300 62ND AVE N ST PETESBURG FL 33702 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/18/1965

5. FEI Number: 59-1235472 ☐ Applied For ☐ Not Applicable

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

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
P	LETT, E D	2300 62ND AVE N	ST PETERSBURG FL 33702
~~D~~	~~LITTLE, RICHARD~~	~~5701 97TH WAY N~~	~~MADIERA BEACH FL 33708~~
DSD	AGNEW, DOUGLAS	7015 BAYOU WEST PL	PINELLAS PARK FL 33782
~~D~~	~~RUDDOLPH, RAY~~	~~5885 CALAIS BLVD N #2~~	~~ST PETERSBURG FL 33714~~
D	Murray, Brent	4036 37TH AVE N	St Petersburg, FL. 33713
D	Crawford, Donald	968 31st Terrace N.E.	St. Petersburg, FL. 33704

8. Name and Address of Current Registered Agent

MOULDS, GAIL F
C/O DEACON & MOULDS, P.A.
100 2ND AVE S STE 902-S
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name: Ben Rhodes
Street Address (P.O. Box Number is Not Acceptable): 19312 Garden Quilt Circle
Suite, Apt. #, Etc.:
City: Lutz | State: FL | Zip Code: 33558

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/8/03
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED — 10/8/03 — 727-522-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #