PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION → ¬FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

708949

1. Corporation Name

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

rincipal		

Mailing Address

2300 62ND AVE N

2300 62ND AVE N



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SECRETARY OF STATE 10/13/03--01055--001 **166.25

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US If above addresses are incorrect in any way, line through incorrect in			nformation and	d enter (correction below.	REIN	STATEM	ENT 2003	
			ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Numbe		05/18/1965 Applied For	
City & State					59-1235472	Not Applicable			
Zip	Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonprofit d	corpora	tions must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			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			<u>,</u>	PINELLAS PARK FL 33782	
D	RUDDOLPH, RAY			5885 CALAIS BLVD N #2		ST PETERSBURG FL 93714			
D	Murray, Breat			4 2 VA TTE 2504		St PetersBurg, FL. 33713			
\mathcal{D}	CrawFord, Donald 96			968	968 31 ST TERRACE N.E.		ST. PETERS BURG, FL. 33704		
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent		
MOULDS, GAIL F C/O DEACON & MOULDS, P.A. 100 2ND AVE S STE 902-S ST. PETERSBURG FL 33701			and the same of	Name Bed Rhobes Street Address (P.O. Box Number is Not Acceptable)					
			1931 Suite, Apt. #, Etc		2 Garded Quate Carcle				
					City LUTZ			State Zip Code FL 33558	
10. 1, being	appointed the	e registered agent of the ab				·	ligations of Secti	ion 607.0505, F.S. or 6	17.0505, F.S.

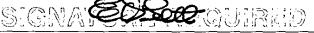
Signature of Registered Agen



Date 19/8/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR