

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 19 AM 8:00

DOCUMENT # 711715

1. Corporation Name

Community Covenant Church of St. Petersburg, Florida, Inc.

**REINSTATEMENT** 99-04  
MRS

100029035561  
02/19/04--01005--019 \*\*551.25

2. Principal Office Address

4501 30th Ave. North

Suite, Apt. #, etc.

3. Mailing Office Address

4501 30th Ave. North

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

St. Petersburg

Zip

33713

Country

Pinellas

Zip

33713

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1966

5. FEI Number

591729242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Janet Krumm

Street Address (P.O. Box Number is Not Acceptable)

5729 45th Ave. N

Suite, Apt. #, Etc.

City

Kenneth City

State

FL

Zip Code

33709

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Janet E. Krumm*  
REGISTERED AGENT MUST SIGN

Date

1-23-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Janet Krumm	5729 45th Ave. N	Kenneth City, FL 33709
D	Robert Krumm	5729 45th Ave. N	Kenneth City, FL 33709
D	Kurt Miericke	1759 W. Broadway St. Suite 7	Oviedo, FL 32765

10. 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:

*Janet E. Krumm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/04 27-548-8504

Daytime Phone #

CR2E081 (10/02)