## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		I DEN LA LATINO	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		FILED 01 JUL 30 PM 5: 52
DOCUMENT # 715675  1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Broad Street Christian Church, Inc.					
2. Principal Office Address 3.			3. Mailing Office Address		
			7401 Dixon Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
					4. Date Incorporated or Qualified To Do Business in Florida 12/12/1968
City & State Tampa, Florida			City & State Tampa, Florida		5. FEI Number Applied For
Zip 33604	Cou	htty 11sborough	Zip 33604	Country Hillsborough	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
;			7. Name and	Address of Current Regis	for a Certificate of Status
	7. Name and Address of Current Registered Agent  Name				
	Randal Haner 400004540514				
	Street Address (P.O. Box Number is Not Acceptable) 1907 W. Jean St.				***1951.25 *** <u>1</u> 951.25
	Suite, Apt. #, Etc				11/3-01
	City	 			State Zip Code
	Tampa,				FL 33604
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 REGISTERED AGENT MUST SIGN  Date					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Off	Name of Officers and/or Directors		Street Address of E Officer and/or Direct	
C Asst	Randal Ha	ner !	1907	W. Jean St.	Tampa, Fl. 33604
С	John John	son	1308	E. Crawford S	t. Tampa, F1. 33604
S	Betty Han	er	1907	W. Jean St.	Tampa, F1. 33604
T	Sue Haner		1901	W. Jean St.	Tampa, F1. 33604
Deacon	Wayde Lov	elace	P.O.	Box 1697	Lutz, F1. 33549
Deacon	Wayne Han	er [	1901	W. Jean St.	Tampa, F1. 33604
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.					