

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

08 JUL 28 PM 12: 26

DOCUMENT # 715675

1. Corporation Name

Broad Street Christian Church, Inc

2. Principal Office Address - No P.O. Box #

7401 Dixon Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7109 N. Duncan Ave

Suite, Apt. #, etc.

City & State

Tampa, Fl

City & State

Tampa, Fl

Zip

33604

Country

Hillsborough

Zip

33604

Country

Hillsborough

7. Name and Address of Current Registered Agent

Name

Randal Haner

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

1901 W. Jean St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/1968

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Randal S. Haner*  
REGISTERED AGENT MUST SIGN

Date

7/24/08

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	Randal Haner	1901 W. Jean St	Tampa, Fl 33604
Asst C	John Johnson	8115 N. 9 th St	Tampa, Fl 33604
S	Wayne Haner	1901 W. Jean St	Tampa, Fl 33604
T	Sue Haner	1901 W. Jean St	Tampa, Fl 33604
Deacer	Wayde Lovelace	P.O. Box 1697	Lutz, Fl 33549

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 contained in Chapter 119, 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

*Randal S. Haner*

Date

7/24/08

Daytime Phone #

813-230-8725

B 7/29/08  
REINSTATEMENT 02-08

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