

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 AUG 23 AM 9:20

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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08/23/10--01045--010 **2511.25

74-10 CR2E081 (6/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722381

1. Corporation Name

WYATT DRIVE GOSPEL ASSEMBLY, INC.

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

1842 Grand Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1842 Grand Blvd.

Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34690

Country

USA

Zip

34690

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/04/1972

5. FEI Number

☐ Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Schroder

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

1329 Flotilla Drive

Suite, Apt. #, Etc.

City

Holiday

State

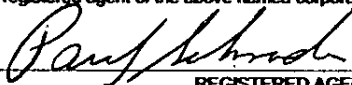
FL

Zip Code

34690

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 8-15-10

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
D	Paul Schroder	1329 Flotilla Drive	Holiday, FL 34690
D	William Robinson	8444 15th Way N.	St. Petersburg, FL 33702
C/D	James McCullough	6610 Thoroughbred Loop	Odessa, FL 33556

10. E-mail Address: robinsons@tampabay.rr.com

(To be used for future annual report notification)

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. I further certify, 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

8-15-10 813-920-0729

Date

Daytime Phone #