

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723958

1. Corporation Name

SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH, INC.

Principal Place of Business

603 S PARSONS AVE
SEFFNER FL 33584
US

Mailing Address

P O BOX 1975
SEFFNER FL 33584
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1972

5. FEI Number

59-2364128

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 00003469581 --4

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
D	EDMONSON, BILL	12217 OLD MORRIS BRIDGE RD	TAMPA FL
C	BROCK, RHONDA	1209 S TRAPNELL RD	PLANT CITY FL 33566
C	COOPER, M. L.	2715 N. DOVER RD.	DOVER FL
T	BURDETT, SHIRLEY Joyce Peoples	5109 SUBURBAN DR 901 Cutler Dr.	PLANT CITY FL 33567 Seffner, FL 33584
D	HETT, JAMES	P O BOX 1266 N/A	MANGO FL 33550

8. Name and Address of Current Registered Agent

BROCK, RHONDA
1209 E TRAPNELL RD
PLANT CITY FL 33566

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rhonda Brock REGISTERED AGENT MUST SIGN

Date 10/29/00

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

Rhonda Brock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/00
Date

813-876-7000
Daytime Phone #

KE