

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 18, 2004 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # 730627**

**1. Corporation Name**

MESSIAH LUTHERAN CHURCH, INC. OF GOLDEN GATE

**2. Principal Office Address**

5800 Golden Gate Pkwy

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34116

Country

USA

**3. Mailing Office Address**

5800 Golden Gate Pkwy

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34116

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/03/1974

**5. FEI Number**

59-0703655

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

800040646248  
08/30/04--01080--002 \*\*297.50

**7. Name and Address of Current Registered Agent**

Name

Roy Stearns

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

541 23rd St SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

**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

Date 8-9-04

REGISTERED AGENT MUST SIGN

**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
PD	Roy Stearns	541 23rd St SW	Naples, FL 34117
VPD	Barb Edgar	6101 14th Ave SW	Naples, FL 34416
TD	Gerry Austin	2711 Citrus Lake Dr. #101	Naples, FL 34109
SD	Kathy Incerta	1223 Commonwealth Cir #F-103	Naples, FL 34116

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-04

Date

(239) 353-2415

Daytime Phone #

CR2081 (01/04)