

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733106		99 MAY 14 AM 10:56 STATE TALLAHASSEE, FLORIDA	
1. Corporation Name Washington Shores Presbyterian Church, INC.			
Principal Place of Business 3600 Rogers Drive Orlando, FL 32805		Mailing Address 3600 Rogers Drive Orlando, FL 32805	
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		Zip	
Country		Country	
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number 59-1001091	
		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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
PD	Earnest Niblack	708 Ohio Avenue	Orlando, FL 32805
V-P	Willie Williams	404 Lionel Avenue	Orlando, FL 32805
Sec.	Sadie Mann	746 W. Jackson Street	Orlando, FL 32805
D	Ralph Smith	4347 Arajo Court	Orlando, FL 32812
D	Elaina Niblack	8607 Rosa Vista Avenue	Orlando, FL 32810
D	Leona Brown	3701 Chandler Street	Orlando, FL 32805
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Gloria Jackson 4473 Kirkland Blvd. Orlando, FL 32811		Ernest Niblack 708 Ohio Avenue Orlando, FL 32805	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.		Date: 5/9/99	
Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes ☐ No ☐	
12. 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 607.04(1) or 617.04(1), 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)(b), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Ernest Niblack 5/9/99 (407)293-6624	

REINSTATEMENT

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