

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **741273**

1. Corporation Name
ST. PAUL'S PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
5550 S SUMTER BLVD P O BOX 7138 NORTH PORT FL 34287	5550 S SUMTER BLVD P O BOX 7138 NORTH PORT FL 34287

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

2. New Principal Office Address, If Applicable <i>5550 Sumter Blvd</i>	3. New Mailing Office Address, If Applicable <i>5550 Sumter Blvd.</i>	4. Date Incorporated or Qualified To Do Business in Florida 12/30/1977
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1589298
City & State <i>North Port FL</i>	City & State <i>North Port FL</i>	Applied For Not Applicable
Zip <i>34287</i>	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

FILED
 01 OCT 15 PM 2:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MILES, JOSEPH	6653 ELMWOOD-DR. <i>6653 Elmwood Road</i>	NORTH PORT FL 34287
VD	KORKJOHN, OLIVER <i>Kortjohn, Oliver</i>	530 SAN CLEMENTE CIRCLE	NORTH PORT FL 34287
STD TD	WISEMAN, LINDA <i>Hall, Roy E., Sr.</i>	1550 S. BISCAYNE-DR. <i>5507 Kenwood Drive</i>	NORTH PORT FL <i>North Port, FL 34287</i>
			400004653374--7 -10/25/01--01060--005 ****245.00 ****245.00

REINSTATEMENT *01* / *178*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MILES, JOSEPH~~
~~6653 ELMWOOD-DR.~~
~~N. PORT FL 34287~~
Kortjohn, Carol L.
530 San Clemente Circle
North Port, FL 34287

Name <i>Kortjohn, Carol L.</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>530 San Clemente Circle</i>		
Suite, Apt. #, Etc.		
City <i>North Port</i>	State FL	Zip Code <i>34287</i>

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 *Carol L. Kortjohn* **SIGNATURE REQUIRED** Date *10/11/01*
 REGISTERED AGENT MUST SIGN

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)(f), 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: *Carol L. Kortjohn* **SIGNATURE REQUIRED** Date *10/11/01* (941) 476-2552
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)