

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 14 PM 4:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 744305

1. Corporation Name

PALM HARBOR GRACE BRETHREN CHURCH, INC.

Principal Place of Business

2255 NEBRASKA AVE.
PALM HARBOR FL 34683

Mailing Address

2255 NEBRASKA AVE.
PALM HARBOR FL 34683



REINSTATEMENT

9700

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		4. Date Incorporated or Qualified To Do Business in Florida 09/19/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1818287	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HICKEY, THOMAS	3922 ORCHARD HILL CIRCLE	PALM HARBOR FL
TD	VAN ARSDALE, PETER-BRIGHTWELL, SUE	1024 ARGYLE DR-10 BAYWOOD CT	DUNEDIN FL-PALM HARBOR, FL
VD	PILCHER, LAVERNE A.	2006 KAMENSKY RD.	CLEARWATER FL
VD	BRIGHTWELL, RON	10 BAYWOOD CT	PALM HARBOR FL
			900002350139--9
			-11/18/97--01032--004
			****175.00 ****175.00
			900002350139--9
			-11/18/97--01032--005
			****161.25 ****161.25

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

HICKEY, THOMAS REV.
3922 ORCHARD HILL CIRCLE
PALM HARBOR FL 34684

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 Thomas W. Hickey
REGISTERED AGENT MUST SIGN

Date 11/10/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

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 607.0401 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: Ronald W. Brightwell Ronald W. Brightwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/10/97 813 991-6535
Daytime Phone #

CR2E040 (8/97)