

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 JUL 27 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 747534

1. Corporation Name  
North West Baptist Church INC., TAMPA, FLORIDA

2. Principal Office Address  
2610 Silver Lake Avenue

3. Mailing Office Address  
2610 Silver Lake Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip Country  
33614 USA

Zip Country  
33614 USA

**REINSTATEMENT**

80.00

4. Date Incorporated or Qualified  
To Do Business in Florida June 8, 1979

5. FEI Number  
59-2887175

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
Arthur J. Sagendorf

200003354332-1

Street Address (P.O. Box Number is Not Acceptable)  
4813 Cypress Tree Drive

-03/11/00-01097-005  
\*\*\*1461.25 \*\*\*1461.25

Suite, Apt. #, Etc.

City  
Tampa

State Zip Code  
FL 33624

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

*Arthur J. Sagendorf*

REGISTERED AGENT MUST SIGN

Date 6/22/00

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
T/T	Arthur J. Sagendorf	4813 Cypress Tree Dr.	Tampa, Florida 33624
T	J. F. Shannon	17918 State Road 54	Lutz, Florida 33549
T	Mark Samec	2523 Ranch Lake Circle	Lutz, Florida 33549
P	William K. Botner	5830 Coventry Drive	Tampa, Florida 33615
S	John Lane	110 Second Avenue, SE	Lutz, Florida 33549

LS

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:

*Arthur J. Sagendorf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/00

Date

813-961-2256

Daytime Phone #

CR2E081 (9/99)