

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 15 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751395**

1. Corporation Name

SUNCOAST Unity Ministers, Inc.

2. Principal Office Address

208 S. CLARK AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

City & State

Zip

Country

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

03/05/1980

5. FEI Number

59-6042858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99-00

7. Name and Address of Current Registered Agent

Name

DEBORAH B. MOSS

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

208 S. CLARK AVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

3000003145443-9

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******306.25 ****306.25**

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

Deborah B. Moss

REGISTERED AGENT MUST SIGN

Date **01/25/00**

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 |
|--------|--------------------------------------|---|-------------------------|
| PRES | DEBORAH B. MOSS (T) | 208 S. CLARK AVE | Tampa, FL 33609 |
| TREAS | DAN HOLLOWAY (T) | 5844 PINE HILL Rd | Port Richey, FL 34668 |
| Secy | Amy Neff (T) | 6168 1st Ave North | St Petersburg, FL 33710 |
| VP | KEN MURDOCK (T) | 11120 RANCHETTE Rd | Fort Myers, FL 33912 |
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| | | | KE |

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:

Deborah B. Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

813-870-0731

Daytime Phone #