

103.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 764002

1. Corporation Name

Tampa Florida Conference

Principal Place of Business

Mailing Address

101 East Union Street Suite 301
Jacksonville, FL 32202

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

53-0204694

Not Applicable

Zip

Country

Zip

Country

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 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	Desue Thomas B Cunningham Frank C	101 East Union St Suite 301 11857 Honey Loard Dr	Jacksonville FL 32202 Jacksonville FL 32202
D	Theodore	11500 Summit Blvd	Tampa, FL 33867
D	Jenkins C E Rev.	2403 Dunbar Ave	Melbourne, FL 32901
D	Keel J.B.	6705 N 32nd St	Tampa FL 33061
D	Demark J.L.	5464 Micco Drive	Orlando FL 32809
D	Walker M.M.	7001 Cortez Way	St Petersburg FL 33712

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas B. Desue
101 East Union Street Suite 301
Jacksonville FL 32202

Name
100002600611-3
Street Address (P.O. Box Number is Not Acceptable)
07/28/98-01063-009
Suite, Apt. #, Etc.
***2002.50 ***183.75
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 B. Desue
REGISTERED AGENT MUST SIGN

Date 07/17/98

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: Thomas B. Desue Thomas B. Desue 07/17/98 (404) 355-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #