

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 764112

1. Corporation Name

TRUSTEES, TITUS BAPTIST CHURCH OF RIVERVIEW, FL  
ORIDA, INC.

Principal Place of Business

5920 ROBERT TOLLE DR.  
P.O. BOX 516  
RIVERVIEW FL 33569  
US

Mailing Address

P.O. BOX 516  
5920 ROBERT TOLLE DR.  
RIVERVIEW FL 33568  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
99 OCT 25 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99<sup>2</sup>

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1982

5. FEI Number

59-1909765

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	WIGGINS, JAY	34320 BUCKHORN SPRINGS ROAD	RIVERVIEW FL 33569
VTD	REDFIELD, GARY L.	1419 STAR JASMINE LN	BRANDON, FL 33511
D	WYMER, STEPHEN	2001 WARRINGTON WAY	TAMPA FL 33610
D	CASSETON, Bill	12006 ENTRANCE WAY	RIVERVIEW FL 33569
D	WILLIAMS, THOMAS A.	1212 FRONT ST.	VALHALL FL
D	THAYER, PAUL	1404 MOSS LAZEN CT	BRANDON FL 33511
VD	HAMILTON, JOSEPH C.	1943 CADILLAC CIRCLE	TAMPA FL
D	HENDRICKS, TIM	7413 PATRICIAN PL	TAMPA, FL 33619
PD	HAYNES, RICHARD B.	2886 50TH WAY NORTH	ST PETERSBURG FL 33710
600003035586--5 -11/04/99--01095--004 ****245.00 ****245.00			

8. Name and Address of Current Registered Agent

RICHARD HAYNES  
2886 50TH WAY NORTH  
ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

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

Richard Haynes

REGISTERED AGENT MUST SIGN

Date

10/20/99

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)(l), 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:

Richard Haynes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/99 (727) 342-5856

KE