

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 764159

1. Corporation Name

CALVARY APOSTOLIC FAITH CHURCH INC.

Principal Place of Business

1204-124TH AVE. EAST
TAMPA FL 33612

Mailing Address

P.O. BOX 44716
TAMPA FL 33647
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1982

5. FEI Number

59-2169567

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	PORTER, FRED L	10107 LANTANA AVE OR 10002 OXFORD CHAPEL	TAMPA FL 33612 33647
V	PORTER, PHILLIP C.	6311 W PARIS ST	TAMPA FL 33634
T	MONTGOMERY, WINFRED	2410 WISHING WELL WAY	TAMPA FL 33610
T	DAVIS, BAWN	10220 57TH WAY NORTH	PINELLAS PARK FL 33782
T	AUTRY, ISAIAH ELDER	406 W. FRANCIS ST.	TAMPA FL 33602
T	DAVIS, MICHAEL ELDER	10220 57TH WAY NORTH	PINELLAS PARK FL 33782

8. Name and Address of Current Registered Agent

PORTER, FRED L

~~10002 RICHMOND FL DR.~~ 10002 OXFORD
APT. 726 CHAPEL
TAMPA FL 33642 33647 DR

9. Name and Address of New Registered Agent

Name

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

10002 OXFORD CHAPEL DR.
Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #