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 # 766699

Corporation Name

THE CARPENTER'S HOME CHURCH OF LAKELAND, INC.

Principal Place of Business

Mailing Address

777 CARPENTER'S WAY P.O. BOX 95020 LAKELAND FL 33809 777 CARPENTER'S WAY P.O. BOX 95020 LAKELAND FL 33809





03 OCT 13 PM 3:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

300023758453 10/13/03--01085--006 **236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							10/13/0301003000 **230.23				
				ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/26/1983				
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number Applied For				
City & State City & State							E0-2247006		Not Applicable		
Zip Country Zi			Zip	Zip Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	orida nonprofit	t corporat	tions must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PC	STRADER, KARL D			777 CARPENTER'S WAY				LAKELAND FL			
VP	SIMMONS, SHANE A.			3941 DERBY DR				LAKELAND FL 33809			
TR	VESPA, DA	1444 WYNGATE DR 828 WINNIE LANE				LAKELAND FL 33009 LAKELAND, FL33815					
TR	BAILEY, M	11645 THONOTASASSA RD.				THONOTOSASSA FL 33592					
TS	GILLMAN, GREGORY L			1558 SIR HENRY'S TRL				LAKELAND FL 33809			
TR	Town	7052	7052 HAZELTINE CI			LAKELAND, FO	_ 33	810			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
SIMMONS, SHANE A						Street Address (P.O. Box Number is Not Acceptable)					
394.1 DERBY DR LAKELAND FL 33809					1558 SIR HE Suite, Apt. #, Etc.			rayis TRAIN	<u> </u>		
						City	ANO	Stat F1		3809	
10. I, bein		e registered agent of the a	bove named corp	oration, am fa	ımiliar wit	th and accept the ol	bligations of Sect	ion 607.0505, F.S. or 617.05			
Registered	Agent	Hegory)	REGISTERED AC	SENT MUST S	SIGN			Date 10/9/0	_3		
11. I certify	that l'am an d	officer or director or the re-	ceiver or trustee e	mpowered to	execute t	his application as p	rovided for in cha	apter 607 or 617, F.S. I furthe	r certify th	nat when filing	

1. 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 #