PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT 97 JAN 27 PM 1:47 DIVISION OF CORPORATIONS 768180

**DOCUMENT #** 

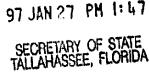
1. Corporation Name

THE CHURCH OF THE LOST AND FOUND, INC.

Principal Place of Business

Mailing Address

O/O DILL LOOKMAN+ 6925 NORTH DALF MARRY HIGHWAY O/O BILL LOOKMAN 6925 NORTH DALE MARRY HIGHWAY





TAMPA FL		3614			- reading detail and the read retail and					
If above a	ddresses are	incorrect in any way, line thro	ough incorrect in	formation an	d enter c	orrection below.				
C/0 F	Address, If Applicable RUHE	ng Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     04/28/1983					
	EMMBRY HIGHWAY	etc. N. DALE MADRY HAHWAY			5. FEI Numbe	5. FEI Number  59-1296147  Applied For Not Applicable  6. \$8.75 Additional Fee required.				
City & State	LORIDA Country	, FLORIDA Country			I					
<sup>Zip</sup> 33(	U.5.A.	4 U.S.A.				CERTIFICATE OF STATUS DESIRED 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)  Name of Officers  Street Address of Each  4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.										
Title(s) 1	Name of Officers and/or Directors 2				Officer and/or Director  (Do NOT Use Post Office Box Numbers)			4000020 <del>75.124</del> 4 -01/29/37-01096-005		
DE 1	PULLEN, RICH			10751 GLEN ELLEN DR				TAMP###245.00 ****245.00		
DE .	VENZOR	8619 LEIGHTON DR			TAMPA FL					
DE	RUHE, FI	6020 LAKESIDE DR			LUTZ FL					
<del>-D</del>					7200 N CHURCH AVE			-TAMPA FL-		
ÞE	DUNN, DANIEL K.				300 Park ST.			OLDSMAR, FL.		
- <del>DE</del> -	MAYER, RICHARD, H(ELDER-				8635 LEIGHTON DR.			TAMPA FL		
	REINSTATEMENT 40									90
Name and Address of Current Registered Agent							9. Name and	Address of New Re	gistered Age	(1.llaw
LOCKMAN, WILLIAM F.								UHE		
		Street Address (P.O. Bo			P.O. Box Number	Box Number is Not Acceptable)				
7209 TAMP		6020 Suite, Apt. #, Etc.				TZ RUHE  O. Box Number is Not Acceptable)  LAKESI DE DA.				
TAMPA FL 33614  Suite, Apt. #, Etc.										
State Zip Code FL 33549										
10. It being appointed the registered agent of the above/familed confidention, am family ar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date  ALGISTER DAGENT HUST SIGN										
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)										
this rein owed by	istatement ap y the corpora application is	officer or director or the recei plication, the reason for disso tion have been paid and the i true and accurate and my si	olution has been names of individ gnature shall hav	eliminated, t uals listed or the same	the corporation this form	orate name satisfiem do not qualify to act as if made und	s the requirement or an exemption uper oath.	ts of section 607.0401 nder section 119.07(3	or 617.0401 (i)(i), F.S. The	F.S., that all fees information indicated
ı	5	SIGNATURE AND TYPED OR PR	INTELD NAME OF S	SIGNING OFFI	CER OR I	DIRECTOR		Date	Daytir	ne Phone #