

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JAN 27 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768180

1. Corporation Name

THE CHURCH OF THE LOST AND FOUND, INC.

Principal Place of Business

Mailing Address

~~C/O BILL LOCKMAN~~  
6925 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33614

~~C/O BILL LOCKMAN~~  
6925 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33614



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

2. New Principal Office Address, If Applicable

C/O FRITZ RUHE

3. New Mailing Office Address, If Applicable

C/O FRITZ RUHE

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1983

Suite, Apt. #, etc.

6925 N. DALE MABRY HIGHWAY

Suite, Apt. #, etc.

6925 N. DALE MABRY HIGHWAY

5. FEI Number

59-1296147

Applied For

Not Applicable

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

Zip 33614

Country U.S.A.

Zip 33614

Country U.S.A.

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 (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
DE 1	PULLEN, RICH	10751 GLEN ELLEN DR	TAMPA FL 33614-2450
DE	VENZOR, OSCAR	8619 LEIGHTON DR	TAMPA FL
DE	RUHE, FRITZ	6020 LAKESIDE DR	LUTZ FL
<del>DE</del>	<del>LOCKMAN, WILLIAM F.</del>	<del>7209 N CHURCH AVE</del>	<del>TAMPA FL</del>
DE	DUNN, DANIEL K.	300 PARK ST.	OLDSMAR, FL.
<del>DE</del>	<del>MAYER, RICHARD, WELDER</del>	<del>8635 LEIGHTON DR.</del>	<del>TAMPA FL</del>

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOCKMAN, WILLIAM F.  
7209 N CHURCH AVE  
TAMPA FL 33614

Name FRITZ RUHE  
Street Address (P.O. Box Number is Not Acceptable)  
6020 LAKESIDE DR.  
Suite, Apt. #, Etc.

City LUTZ,

State FL Zip Code 33549

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

REGISTERED AGENT MUST SIGN

Date 9/17/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRITZ RUHE

9/17/96 (313) 935-1400

Date Daytime Phone #