

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL - 6 AM 9:04

FILED

DOCUMENT # C10002

1. Corporation Name

THE FIRST EVANGELICAL LUTHERAN CHURCH OF NEW PORT RICHEY, FLORIDA, Inc

W1-30839

2. Principal Office Address - No P.O. Box #

8812 Old County Road 54

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, Florida

City & State

Zip

34653

Country

Zip

Country

300182680003
06/28/10--01048--003 **297.50

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 8/25/2008

5. FEI Number
263360190

☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Gerald Nordsiek

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

8812 Old County Road 54

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34653

300182680003
07/05/10--01068--003 **245.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gerald Nordsiek

REGISTERED AGENT MUST SIGN

Date 6/24/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bob Memoli	7851 TENBY LANE	NEW PORT RICHEY FL 34655
D	James Dwyer	10802 ALICO PASS	NEW PORT RICHEY FL 34655
D	Karin Beeten	10432 GOOSEBERRY COURT	NEW PORT RICHEY FL 34655

10. E-mail Address: churchoffice@506Lutheran.org

(To be used for future annual report notification)

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. I further certify, 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:

Karin Beeten Karin Beeten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/10 (27) 376-0919

Date Daytime Phone #

7185