

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*** APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F96000005472

1. Corporation Name

INNOVATIVE CHURCH PRODUCTS, INC.

Principal Place of Business

Mailing Address

PO BOX 1541
WEST ALLIS WI 53201-1541

PO BOX 1541
WEST ALLIS WI 53201-1541

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2345 Bee Ridge Rd

Suite, Apt. #, etc.

Suite 7

City & State

City & State

SARASOTA FL

Zip

Country

Zip

Country

34239

FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1996

5. FEI Number

39-1856866

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JACKSON, TERRY L	2345 BEE RIDGE RD., #7-A	SARASOTA FL 34232
VD	POBLOCKI, GERALD	922 S. 70TH ST.	WEST ALLIS WI 53201
ST	WEGNER, RONALD	922 S. 70TH ST.	WEST ALLIS WI 53201
DC	MATTHEWS, EDWARD JR	926 WEDGEWOOD DR.	CRYSTAL LAKE IL 60014
			300002703673--7 -12/04/98--01100--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Vicky Goldstein

RECORDED
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 11/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Matthews
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98
Date

414-453-4010
Daytime Phone #

CR2E040 (9/98)