

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000004435

1. Corporation Name

TALLAHASSEE BELIEVERS CHURCH, INC.

Principal Place of Business

2302 TOM LEE RD
TALLAHASSEE FL 32301

Mailing Address

2302 TOM LEE RD
TALLAHASSEE FL 32301

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

2. New Principal Office Address, If Applicable

2820 Turkey Hill Trail
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 14004
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

59-364 8374

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|----------------------|
| 1 | 2 | 3 | 4 |
| | Nicholas L. Noll | 2820 Turkey Hill Trail Tallahassee FL 32312 | Tallahassee FL 32312 |
| | Stacey A. Noll | 2820 Turkey Hill Tr. | Tallahassee FL 32312 |
| | Dennis L. Mathis | 2881 Ridgedale Dr. | Lewisville, TX 75067 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

NOLL, NICHOLAS L
2302 TOM LEE RD
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

SIGNATURE REQUIRED

Date

10/28/01

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 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 #

10/28/01 (850) 907-9498

CR2E040 (8/01)