

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 26 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00050

1. Corporation Name

Trinity Lutheran Church of Sebastian, Florida

2. Principal Office Address
611 Schumann Drive

3. Mailing Office Address
611 Schumann Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebastian

City & State
Sebastian

Zip
32958

Country
USA

Zip
32958

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** September 25, 1983

5. FEI Number
59-2442969

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
David Lillegard

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

Suite, Apt. #, Etc.

City
Sebastian

State Zip Code
FL 32958

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

David Lillegard

Date 1/23/05

REGISTERED AGENT MUST SIGN

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
D	Leonard Johnson (P/D)	13035 Bay Street	Roseland, Florida 32957
D	Armand J. Poulin (T/D)	6380 No. River Run Drive	Sebastian, Florida 32958
T	Robert Guillory (Trustee)	250 Main Street	Sebastian, Florida 32958
T	Louis Garcia (Trustee)	686 Concha Drive	Sebastian, Florida 32958
T	Richard Henf (S/Trustee)	5235 94th Place	Sebastian, Florida 32958
D	George Lillegard (V/D)	656 Atlantus Terrace	Sebastian, Florida 32958

10. 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:

Robert L. Guillory

Robert L. Guillory

Date

1/23/05 772-388-0939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/05)