

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 20, 2002 8:00 A.M
Secretary of State

DOCUMENT # **N01000000190**

1. Corporation Name

THE CARPENTER'S CHRISTIAN CHURCH, INC.

Principal Place of Business

~~1116 COUNTRY CLUB RD~~
~~ST PETERSBURG FL 33718~~

9645 Bay Pines Blvd.

St. Petersburg, FL 33708

Mailing Address

~~1116 COUNTRY CLUB RD~~
~~ST PETERSBURG FL 33718~~

9645 Bay Pines Blvd.

St. Petersburg, FL 33708

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

2. New Principal Office Address, If Applicable
See Above

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
See Above

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2001

5. FEI Number

59-3690273

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
XXX	ALTMAN, CHUCK	12025 5TH ST E	TREASURE ISLAND FL 33708
XXX S	BRACEWELL, BONNIE J	8867 BRIARWOOD DR	SEMINOLE FL 33772
D /VP T	GROSS, RICK	1088 79TH ST S	ST PETERSBURG FL 33707
D/Trustee	Mike Neri	8404 - 139th Lane N.	Seminole, FL 33776
Trustee	Dean Little	255 - 65th Street No.	St. Petersburg, FL 33710
P	Brian Dubach	12457 Cumberland Dr.	Largo, FL 33773

8. Name and Address of Current Registered Agent

MICHAEL HARGRAVE, JAMES

~~1116 COUNTRY CLUB RD~~ 9645 Bay Pines Blvd.
~~ST PETERSBURG FL 33718~~ 33708

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

James Hargrave
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/17/02

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:

Brian Dubach
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/02

Daytime Phone #

CR2E040 (8/02)