

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003337

1. Corporation Name

PANTHER RIDGE CHURCH OF CHRIST INC.

Principal Place of Business

23706 79TH AVE. EAST
BRADENTON FL 34243
US

Mailing Address

904 CYPRESS WOOD LANE
SARASOTA, FL 34243
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1104143

Not Applicable

Zip

Country

Zip

Country

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
P/D	COOLEY, WILLIAM T SR.	904 CYPRESS WOOD LANE	SARASOTA FL 34243
V/D	ADAMS, LARRY G	5324 4TH ST EAST	BRADENTON FL 34203
V/D	LEMON, PAUL A	6712 34TH AVE EAST	BRADENTON FL 34208
S/D	CASEY, GENE	5117 19 TH LANE EAST	BRADENTON FL 34203

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOLEY, W. TRACY SR.
904 CYPRESS WOOD LANE
SARASOTA FL 34243

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

CR2E040 (8/02)

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

William T. Cooley SR
REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. COOLEY SR
10/24/02 941-758-1441
Date Daytime Phone #