

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 -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000004520**

1. Corporation Name

GREATER MELBOURNE INTERFAITH HOSPITALITY NETWORK, INC.

Principal Place of Business

4845 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address

4845 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2001

5. FEI Number

59-3735338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

02

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 | 4 City / State / Zip |
|--|---|--|---|
| D | WILLINGHAM, J. BARTOW | 4845 N. HARBOR CITY BLVD. | MELBOURNE FL 32935 |
| D | CARRIGAN, JAMES Resigned | 307 E. EMERALD PLACE | INDIAN HARBOR BEACH FL 32037 |
| D | REID-KENDALL, ANNE | 1050 OAK TREE PLACE | MALABAR FL 32950 |
| D | BLISS, RYAN | 4849 ERIN LANE | MELBOURNE FL 32940 |
| D | ASHWELL, DAVID | 293 ALBACORE PLACE | MELBOURNE BEACH FL 32951 |
| 7000000749777 11/01/02--01026--008 **236.25 | | | |

8. Name and Address of Current Registered Agent

WILLINGHAM, J. BARTOW
4845 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/26/02

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

10/26/02

Date

321-729-4955

Daytime Phone #