

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 14 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008597

1. Corporation Name

S. L. VOLPE EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

26211 NORTH S.R. 121
ALACHUA FL 32615

Mailing Address

26211 NORTH S.R. 121
ALACHUA FL 32615

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

2. New Principal Office Address, If Applicable
same

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2001

5. FEI Number

☒ 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	Sebby Lee Volpe	26211 N. S.R. 121	Alachua FL 32615
VP	Ralph B. Theus	7510 N.W. 258 Ave.	Alachua FL 32615
S	Angela S. Volpe	26211 N. S.R. 121	Alachua FL 32615
T	Judy D. Theus	7510 N.W. 258 Ave.	Alachua FL 32615
D	Eddie Gandy	110 N.W. 8th Ave.	High Springs FL 32643
D	Charles Pinkerton	US Hwy 441	High Springs FL 32643

8. Name and Address of Current Registered Agent

VOLPE, TIMOTHY W ESQ.
1301 RIVERPLACE BOULEVARD
SUITE 1700
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

same

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

Suite, Apt. #, Etc.

000008974880
11/13/02--01017--018 **175.00

City

State

FL

Zip Code

CR2E046 (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

Timothy W. Volpe
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

Timothy W. Volpe
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02

Daytime Phone #

7. Officers/Directors (Cont.)

- D Wayne Harvey -2630 N.W. 39th Ave - Gainesville FL 32605
- D James DuBois - 82 NW 2nd St. - Waldo FL 32694