

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN -5 AM 8:00

DOCUMENT # N02000002283

1. Corporation Name

KINDRED CHURCH, INC

Principal Place of Business

Mailing Address

3050 EAST CENTRAL AVENUE
BARTOW FL 33830

3050 EAST CENTRAL AVENUE
BARTOW FL 33830

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2002

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	SMITH, DAVID B	3050 EAST CENTRAL AVE.	BARTOW FL 33830
S	SMITH, CYNTHIA D	3050 EAST CENTRAL AVE.	BARTOW FL 33830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLEVENGER, MARVIN C
2883 HAVENDALE BLVD.
WINTER HAVEN FL 33881

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

12-26-03

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

Date

Daytime Phone #

CYNTHIA D. SMITH

12-26-03

537-9139

CR2E040 (7/03)

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Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Subject: Kindred Church, Inc

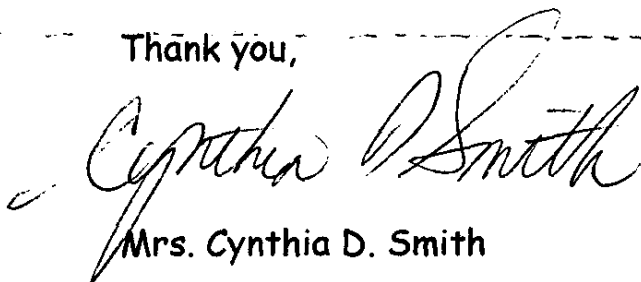
Reference #: NO2000002283

This letter is being sent per your office request for reinstatement of our corporation. There was a cross in the mail it seems between your letter and my annual report form. I have taken care of Block 4, per your request.

You also have two checks as it looks like I paid twice for this report. Please return one of the checks or refund the \$61.25.

I hope this clears this matter. If you need to reach me, you may do so by email: cdcdmusic@aol.com OR my home phone 863-537-9139.

Thank you,



Mrs. Cynthia D. Smith