


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 18 PM 2:10

DOCUMENT # N03000004908

1. Corporation Name

EMMAUS BAPTIST CHURCH OF SAFETY HARBOR, INC.

2. Principal Office Address
3190 GULF TO BAY BLVD.

3. Mailing Office Address
P O BOX 275

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
SAFETY HARBOR, FL

Zip
33759

Country
USA

Zip
34695

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/05/2003

5. FEI Number
04-3756510

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT
04-06

7. Name and Address of Current Registered Agent

Name
KEVIN GAULT

Street Address (P.O. Box Number is Not Acceptable)
3439 BARONNE COURT

Suite, Apt. #, Etc.

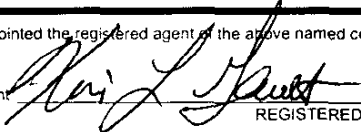
City
CLEARWATER

State
FL

Zip Code
33761

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 12/15/2006

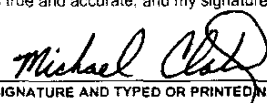
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D	NORMAN FREEBURG	P O BOX 275	SAFETY HARBOR, FL 34695
VP D	ROBERT DELNAY	P O BOX 275	SAFETY HARBOR, FL 34695
S/T D	MICHAEL CLATER	P O BOX 275	SAFETY HARBOR, FL 34695

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10. 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:



MICHAEL CLATER

12/15/06

727-726-1153 ext. 248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)