

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 AM 9:29

DOCUMENT # 103000010568

1. Corporation Name

TREASURE Coast
DEAF Church, INC.

2. Principal Office Address - No P.O. Box #

1517 SE Crown St

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

7. Name and Address of Current Registered Agent

Name

HUBA M. CURRAN

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

SAME AS ABOVE

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

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REGISTERED AGENT MUST SIGN

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
PRES	HUBA M. CURRAN	1517 SE Crown St Port St. Lucie, FL 34983	Port St. Lucie, FL 34983
Sec/Treas	Karen J. Curran	1517 SE Crown St	Port St. Lucie, FL 34983
Dir	Laurakay Darville	3689 Old St. Lucie Blvd	STUART, FL 34996
Dir	Lee Ethridge	6460 NW Friendly Cir	Port St. Lucie, FL 34983
Dir	Mary Wills	33 Galeria Way	Port St. Lucie, FL 34952

10. E-mail Address: HCURRAN86@GMAIL.COM

(To be used for future annual report notification)

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 I further certify, 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]

HUBA M CURRAN

5/13/10

782-528-4015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4. Date Incorporated or Qualified
To Do Business in Florida

12-1-2003

5. FBI Number

20-0674541
No 3000010568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.