

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002488

1. Corporation Name

Trinity Community Church of Trinity Florida, Inc.

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

9837 Zaharias Ct

Suite, Apt. #, etc.

City & State

New Port Richey

Zip

34655

Country

US

3. Mailing Office Address

9837 Zaharias Ct

Suite, Apt. #, etc.

City & State

New Port Richey

Zip

34655

Country

US

700162844357  
11/16/09--01030--008 \*\*122.50

REINSTATEMENT

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

3/5/2004

5. FEI Number  
562470084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Curtis, Christopher M

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

9837 Zaharias Ct

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34655

☒ The 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.

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

*Christopher M. Curtis*  
REGISTERED AGENT MUST SIGN

Date 10/30/09

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
Rev	Christopher M Curtis	9837 Zaharias Ct	New Port Richey FL 34655
		<i>11/17</i>	

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 contained in Chapter 119, 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:

*Christopher M. Curtis*

Christopher M. Curtis

10/30/09

727.271.0695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #