

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N04000012056**

**1. Corporation Name**

Greater King David International Church of St. Petersburg, FL Inc.

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

1997 54th Ave North

Suite, Apt. #, etc.

**3. Mailing Office Address**

1662 Alcazar Way South

Suite, Apt. #, etc.

**City & State**

St. Petersburg, FL

**Zip**

33714

**Country**

USA

**City & State**

St. Petersburg, FL

**Zip**

33712

**Country**

USA

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

**Name**

Gordon Curry

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

1662 Alcazar Way South

Suite, Apt. #, Etc.

**City**

St. Petersburg

**State**

FL

**Zip Code**

33712

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/4/09

**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
P/C/D	Gordon Curry	1662 Alcazar Way South	St. Petersburg, FL 33712
V/S/D	Morris Curry	1662 Alcazar Way South	St. Petersburg, FL 33712
T/D	Cynthia Durant	4701 18th Avenue South	St. Petersburg, FL 33711

10. E-mail Address: craig@provincialcapitalonline.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. 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]*

Gordon Curry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 December 2009 404.437.6828

FILED

09 DEC 21 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600163827196  
12/21/09--01045--007 \*\*245.00

CR2E081 (11/09) 06-09

**4. Date Incorporated or Qualified  
To Do Business in Florida**

27 December 2004

**5. FEI Number**

11-3702068

**Applied For**

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.