

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #05000008824

1. Corporation Name

Metro Church Center Corporation

2. Principal Office Address - No P.O. Box #
1491 E. State Road 434

Suite, Apt. #, etc.
Suite 102

City & State
Winter Springs

Zip Country
FL 32708

3. Mailing Office Address
1491 E. State Road 434

Suite, Apt. #, etc.
Suite 102

City & State
Winter Springs

Zip Country
FL 32708

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 08/17/2005

5. FEI Number
20-3739820

☐ 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
J. Douglas Meyers

Street Address (P.O. Box Number is Not Acceptable)
113 Knights Hollow Dr.

Suite, Apt. #, Etc.

City State Zip Code
Apopka FL 32712

900237297689
07/10/12--01019--021 **\$395.00

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 6/25/12

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	Doug Linnert	4042 Gallagher Loop	Casselberry, FL 32707
S	Dale Ziglear	5451 Endicott Pl.	Oviedo, FL 32765
D	Russell Harris	536 Saddlewood Ln.	Winter Springs, FL 32708

REINSTATEMENT

2007-2012

7/15/12
10

10. E-mail Address: accounting@metrocc.org

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/12

Daytime Phone #