

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05291

1. Corporation Name

**SHILOH MISSIONARY BAPTIST CHURCH OF DUNEDIN, IN
C**

Principal Place of Business

Mailing Address

SHILOH MISSIONARY BAPTIST CHURCH
1165 N DOUGLAS AVE
DUNEDIN FL 34698-4988
US

C/O LEROY HARDY
1165 NORTH DOUGLAS AVENUE
DUNEDIN FL 34698-4988

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2387189

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CT CDT	HARDY, LEROY	2403 14TH AVE. SW	LARGO FL 33770
	MANSFIELD, CLARK	613 N. GREENWOOD AVE.	CLEARWATER FL 34615
TD	EVANS, WALTER C	611 FAIRMONT	CLEARWATER FL 34615
S	BRYANT, ANN	1800 UNION ST.	CLEARWATER FL 34623
			400003096714--1 -01/12/00--01098--005 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARDY, LEROY
1165 N. DOUGLAS AVE.
DUNEDIN FL 34698

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Leroy Hardy
REGISTERED AGENT MUST SIGN

Date

12/8/99

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 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:

Leroy Hardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/99

Daytime Phone #

581-1887 KE