PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT							DEPAR' Secretar	y of S		П	FILED 10 FEB 22 PM 1: 33				
DOCUMENT # 1. Corporation Name LIVING STONES CHURCH, INC. N 07000009228											SECRETARY OF STATE TALLAHASSEE, FLORIDA 500170163095 02/23/1001002023 **183.75				
2. Principal Office Address - No P.O. Box # (DDO3 GRAND PALM DRIVE Suite, Apt. #, etc. APT- 71) City & State TAMPA, FL Zip Country HIUS BOROUG H						3. Mailing Office Address P.O. BCK 48 046 Suite, Apt. #, etc. City & State TAMPA, FL Zip Country 33646 HTLLSB02006H					4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number				
7. Name and Address of Current Registered Agent Name HOPE GERMOSO Street Address (P.O. Box Number is Not Acceptable) 6003 GRAND PALM DRTVE Suite, Apt. #, Etc. APT. 71] City State								zip Code 33647		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 Registered Agent REGISTERED AGENT MUST SIGN												igations of section 607.0505 or 617.0503, F.S. Date 2/8/200			
9. Names	and Street A	ldresses	of Each Offic	cer and	Vor D	irector (FI	orida nonpro	ifit corpo	orations must list a	at lea	st 3 directors)				
Titles	Name of Officers and/or Directors						Street Address of Each Officer and/or Director						City / State / Zi	р	
\mathcal{D}	BENGTSON, WILLIAM						8283 W. HTUSBOROVGH T ampa, Fei 33615)	TAMPA, FL, 33615			
\mathcal{T}	GERMOSO, HOPE						6003 GRAND PALH DRIVE				PIVE	TAMPA, F	L, 33647		
\mathcal{D}	GERMOSO, STEVEN						GOO3 GRAND PALM DRIVE APT. 711				3VI	TAMPA, F	L, 33647	1	
\mathcal{D}	HEKHUTS, JERRY						7500 LILY PAD COURT					HUDSON,	FL, 3466	7	
D	MORENO, ROBERT 127						28721	28721 HANGING MOSS LOOP				WESLEY CHAPEL, FL			
^{0.} E-ma	il Addres	s: //	OPE GE1	RMO	5 0	@ 6					AMT 1		<u> </u>	* *	
this rein	statement app	lication, t	he reason fo	r disso	lution	has been	mpowered to eliminated, t	execution execut	orate name satisfi	as pro es th	ovided for in cha. e requirements o	pter 607 or 617, F. of section 607.0401 I my signature shal	or 617.0401, F.S have the same	S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

838-9613 Daytime Phone #