

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 28 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18963

1. Corporation Name

Palma Ceia Presbyterian Church of Tampa, Florida, Inc.

Principal Place of Business

3501 San Jose Street
Tampa, FL 33629

Mailing Address

c/o Administrator
3501 San Jose Street
Tampa, FL 33629

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1987

5. FEI Number

59-0767700-

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	William C. McLean -T	3417 Almeria	Tampa, FL 33629
V.P.	James C. McLauchlin -T	1502 Sheridan Forest Dr.	Tampa, FL 33629
Sec.	Rodger Miller -T	1506 Sheridan Forest Dr.	Tampa, FL 33629

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

John T. DeBevoise
3501 San Jose Street
Tampa, FL 33629

9. Name and Address of New Registered Agent

Name

John T. DeBevoise

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

3501 San Jose

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33629

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

John T. DeBevoise

REGISTERED AGENT MUST SIGN

Date

Jan 6, 2000

CR2E040 (1/98)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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 name 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:

John T. DeBevoise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 2000

Date

Daytime Phone #

(813) 253-6047