

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 JAN -1 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N28155

1. Corporation Name

NORTHSIDE CHURCH OF CHRIST INC. OF TAMPA

Principal Place of Business

Mailing Address

6906 N. 50TH ST.  
TAMPA FL 33605

P O BOX 291073  
TAMPA FL 33687  
US

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



REINSTATEMENT *98*

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/31/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3236393

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  **IV**

\$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HURLEY, CONRAD M	1520 EAGLESTONE DR <i>Ledgestone DR</i>	BRANDON FL 33511
D	BURNS, DENNIS	4429 PERCH ST	TAMPA FL 33617
D	BUSH, SAMMIE	4808 SANFORD COURT #D	TAMPA FL 33617
D	GREEN, JAMES	405 N WESTLAND	TAMPA FL 33606
D	MOMENT, RUDOLPH	1723 HARTLEY RD.	TAMPA FL
D	TURNER, THOMAS	3104 E 17TH AVE	TAMPA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HURLEY, CONRAD M  
1520 EAGLESTONE DR  
BRANDON FL 33511

*1520 Ledgestone Dr*

Name

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

Suite, Apt. #, Etc.

City

~~4800002735534~~ - 2

~~01/08/99~~ - 01114 - 018

\*\*\*\*245.00 zip 33606 245.00

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

*Conrad M. Hurley* **IRIP D**

REGISTERED AGENT MUST SIGN

Date

*12/19/98*

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 names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:

*Conrad M. Hurley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12/19/98*

Daytime Phone #

*(813) 684-2308*

CR2E04R (0/98)