

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 24 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29037

1. Corporation Name

ALTAMONTE SPRINGS CONGREGATION OF
Jehovah's Witnesses, Inc.

200006060932--6
-06/27/02--01010--018
****297.50 ****297.50

2. Principal Office Address

214-A Perth Ct.

Suite, Apt. #, etc.

City & State

Winter Springs, FL

Zip

32708

Country

3. Mailing Office Address

214-A Perth Ct.

Suite, Apt. #, etc.

A

City & State

Winter Springs, FL

Zip

32708

Country

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/27/88

5. FEI Number

59-2420843

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

~~William R. Blankenship~~ HORACE G. SKINNER

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

145 VAGABOND WAY

214-A Perth Ct.

Suite, Apt. #, Etc.

Winter Springs, FL 32708

City

Winter Springs, FL

State
FL

Zip Code

32708

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

Horace G. Skinner

REGISTERED AGENT MUST SIGN

Date

6/18/02

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
D	BLANKENSHIP, William R	145 VAGABOND WAY	ALTAMONTE SPRINGS, FL 32114
D	DICK, ROBERT	459 NUTMEG CRESSWICK	ALTAMONTE SPRINGS, FL 32714
D	KRIST, RICHARD	101 PINEBROOK DR	CASSELBERRY, FL 32707
BT	HORACE G. SKINNER	3724 IDEBROOK CIR. APT 214	CASSELBERRY, FL 32707
BT	TRUMAN WILLARD	450 N. MILNEE ST	LONGWOOD, FL 32750
BT	RONALD KEELEY	634 ALTON RD	WINTER SPRINGS, FL 32708

10. 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:

Horace G. Skinner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1407-329-3994