

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34545

1. Corporation Name

FAITH ASSEMBLY OF GOD OF ST. CLOUD, INC.

2. Principal Office Address - No P.O. Box #

1406 EASTERN AVE.

3. Mailing Office Address

2269 PARTIN SETTLEMENT RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

KISSIMEE, FL

Zip

34769

Country

Zip

34744

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-09-1989

5. FEI Number

59-2773292

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

M. WAYNE BLACKBURN

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

1401 GRIFFIN RD

Suite, Apt. #, Etc.

City

LAKELAND

State
FL

Zip Code

33810

☐ 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 section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 02-04-2010

REGISTERED AGENT MUST SIGN

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
P/D	TERRELL R. RABURN	1437 E. MEMORIAL BLVD	LAKELAND, FL 33801
V/D	EDWARD J. RUSSO	6224 OLD PASCO RD	WESLEY CHAPEL, FL 33544
S/D	STEVEN L. POWELL	7303 GUNSTOCK DR	LAKELAND, FL 33809
T/D	M. WAYNE BLACKBURN	1401 GRIFFIN RD	LAKELAND, FL 33810

M. MILLIGAN
EXAMINER

10. E-mail Address: lclark@penflorida.org

(To be used for future annual report notification)

FEB - 9 2010

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, I further certify 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

M. WAYNE BLACKBURN

(863)859-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #