

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N34906**

1. Corporation Name

MICCOSUKEE CHRISTIAN CENTER, INCORPORATED

Principal Place of Business

RT 7 BOX 932 A
6757 HWY. 59 N
TALLAHASSEE FL 32308

Mailing Address

6757 HWY. 59 N.
TALLAHASSEE FL 32308

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

97 DEC 31 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1989

5. FEI Number

59-2982588

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)

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
DC	FRANK, LAMB JR	6757 HWY. 59 N.	TALLAHASSEE FL 32308
DT	JAMES, DORIS	983 OLSEN RD	TALLAHASSEE FL 32301
DS	LAMB, MARTHA	6757 HWY. 59 N.	TALLAHASSEE FL 32308
D	HAMILTON, ELLA	RT. 7, BOX 5095	TALLAHASSEE FL 32308
D	BARNES, MARLYN	3017 KINGBRIDGE	TALLAHASSEE FL
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8. Name and Address of Current Registered Agent

LAMB, FRANK JR.
2602 JACKSON BLUFF ROAD
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Frank Lamb Jr.

REGISTERED AGENT MUST SIGN

Date

12-31-97

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Lamb Jr.

Date

Daytime Phone #

12-31-97 891-3111